

# CHICAGO Medical Examiner,

EDITED BY

N. S. DAVIS, M.D.

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## CONTENTS:

## ORIGINAL CONTRIBUTIONS.

- Renal Dropsy following Scarlatina—Suppression of Urine and Convulsions—Clinical Cases. By N. S. Davis, M.D., Prof., &c. 183  
A Singular Case of Purpura and Tetanus. By Edward R. Kitchie, 190

## CORRESPONDENCE.

- Letter from Vienna. By F., 204

## PROCEEDINGS OF SOCIETIES.

- Chicago Medical Society, 207  
Carroll County Medical Society, 217  
Wayne County Medical Society, 218

## THE CLINIC.

- From the Services in the Medical Wards of Mercy Hospital. By Prof. N. S. Davis. 221

## SELECTIONS.

- The Pathology and Treatment of Sunstroke. By George Johnson, M.D., etc., 227  
On Excessive Sweating. By Arthur Wynne Foot, M.D., etc., 238  
Phosphorus in Locomotor Ataxia. By Walter Lambert, M.B., Canada, 238

## BOOK NOTICES.

- On the Action of Bloodletting, Heat, Cold, and Irritants, in the Treatment of Disease. By George Johnson, M.D., etc., 234  
Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By Anton Von Trotsch, M.D., Prof., etc., 235  
A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M.D., 235  
Syphilis and Local Contagious Disorders. By Berkeley Hill, M.B., Lond., F.R.C.S., Pennsylvania Hospital Reports. Vol. II. 236  
Compendium of Auscultation and Percus-

- sion, and of the Physical Diagnosis of Diseases Preceding the Lungs and Heart. 237  
A History of the Medical Department of the University of Pennsylvania. By Joseph Carson, M.D., Prof., etc., 237  
Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. 237  
The Part Taken by Nature and Time in the Cure of Diseases. A Dissertation. 237  
On the Microscope in the Diagnosis and Treatment of Sterility. By J. Marion Sims, M.D., 238  
Operation of Vesico-Vaginal Fistula, without the Aid of Assistants. By Nathan Bowman, M.D., 238  
Archives de Physiologie, Normale et Pathologique, 238  
Venesection as one of the Means for Arresting Unavoidable Hemorrhage. By C. C. F. Gay, M.D., 238  
Practical Painter, 238

## EDITORIAL.

- State Medical Society, 239  
American Medical Association, 239  
Alumni Association of Chicago Medical College, 239  
Death of Dr. A. A. Dugan, 240  
Death of Dr. John Charlton, 240  
Commencement Exercises in Chicago Medical College, 241  
East India Opium, 243  
Money Receipts to March 17, 1869, 245  
American Medical Association, 245  
Second Attacks of Small-Pox, 246  
Sir Charles Bell's Discoveries, 249  
Puerperal Convulsions, 249  
New Mode of Preparing Objects for the Microscope, 250  
Dissimulants, 250  
Bromide of Potassium for the Sleepless, 251  
Uses of Indigo, 251

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# THE CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

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## Original Contributions.

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### ARTICLE XV.

#### RENAL DROPSY FOLLOWING SCARLATINA—SUP- PRESSION OF URINE AND CONVULSIONS.— CLINICAL CASES.

By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine in  
Chicago Medical College, and of Clinical Medicine in Mercy Hospital.

There are but few active practitioners who have not found the sequelæ of scarlet fever among the most obstinate and serious ailments that come under their observation.

Among these, none are more important than the renal affections accompanied by anasarca.

As illustrative of the important series of pathological phenomena developed in the progress of such cases, the two following cases are placed on record:—

CASE I. C. K., a girl aged twelve years, previously in good health, was attacked with scarlatina simplex during the last week in December, 1868. Two or three other children in the family had the disease at the time, in one of whom it presented the anginose variety, and I was called to prescribe for it. At the time of my visit to the little boy, the girl was sitting up in the same room, complaining so little that the mother did not think she required medical treatment.

The rash had been well developed on the surface, the fever

moderate, and the case free from any apparent complications. She convalesced, and appeared well until the 15th of January, when her face and limbs began to swell. On the 16th I was called to see her, and found the surface generally pale, and swollen from anasarca; pulse moderately accelerated; skin dry, and little above the natural temperature; head light, or giddy; dull pain in the back, with sense of heaviness and lameness in bending the trunk on the pelvis; bowels inactive; stomach nauseated at times; appetite much impaired; and urine scanty and dark-colored.

On examination, the latter was found to contain a few blood-corpuses and much albumen, with epithelium, and fibrinous shreds. She was directed to have a saline laxative to open the bowels, to be followed by a prescription containing digitalis, nitrous ether, and iodide potassa, to be taken every three hours.

On the 18th, I saw her again. Her bowels had moved freely, and she had taken the medicine regularly, but there was no marked change in her symptoms.

The urine had not increased in quantity, and was more bloody. From this to the evening of the 22d, she took freely of bitartrate of potassa dissolved in water; continued the digitalis and nitrous ether, and a powder of nitrate potassa, calomel, and Dover's powder at night.

Warm fomentations were also applied both to the loins and abdomen. The anasarca, however, continued slowly to increase; the pulse became smaller and more frequent; the head more dizzy; the stomach more irritable, and the urine more scanty, and more largely mixed with blood. During the 21st and 22d, she passed not more than three or four ounces in the twenty-fours, and it was about half blood.

On the night of the 22d, she was seized with severe general convulsions. Living in a part of the city distant from my residence, a physician in the neighborhood was called in, who ordered a warm bath, followed by fomentations, and the liberal internal use of bromide and iodide of potassa. The convulsions, however, continued to recur at short intervals, until I saw her on the afternoon of the 23d.

The urinary secretion had been entirely suppressed for the preceding twenty-four hours; the face and whole exterior surface of the body and limbs were much bloated; the pulse 130 per minute, small and weak; skin moist, but temperature nearly natural; pupils dilated; and mind incapable of being roused to consciousness. Warm applications to the trunk and lower extremities were continued, and the following prescription ordered:—

R. Hydrarg. Chlorid. Mite, ----- 20 grs.  
Nitras Potassa, ----- 30 grs.

Mix, and divide into 4 powders, one to be taken every two hours, until the bowels are freely moved; the operation of the same to be aided by warm salt-water enemas. To act as temporary antispasmodics, ten drops each, of chloroform and fluid extract of *Cannibis Indica*, were given between the powders. After she had taken three of the powders and one or two enemas, the bowels began to move freely, and the convulsions ceased. Soon after, she passed four or five ounces of turbid urine.

During the night of the 23d, and morning of the 24th, she urinated two or three times, and the bowels were evacuated copiously, but without attention on her part. She was quiet during the night, and at my visit at 10 A. M. of the 24th, she could be aroused to partial consciousness, but was very feeble. She was ordered a solution of bitartrate of potassa and gum-Arabic for a drink, and a powder containing five grains of nitrate potassa and three grains of Dover's powder, every three hours. All other remedies were dispensed with, except beef-tea for nourishment.

From this time the urinary secretion continued to improve in quantity and quality; the skin continued moist; the pulse became slower and more full; and the mental faculties regained their activity. On the 29th, she had progressed so far in convalescence that she needed no further attendance.

CASE II. Miss M., a girl aged 14 years, usually in good health, was attacked with scarlatina simplex January 11th, 1869. The disease ran a very mild course, requiring but little

medical treatment. By the 22d, she seemed quite well again. On the 8th of February was again called, and found her presenting the appearance of a moderate degree of general anasarca, with a dull pain in the loins and head, and scantiness of urine, but no fever. She was directed to have two drachms of the bitartrate of potassa and three drachms of the acetate, dissolved in half a pint of water, and to take a tablespoonful of the solution every four hours. I did not see her again until the 13th, when I was called in great haste. During the preceding night she had been attacked with violent general convulsions.

The prescription made on the 8th had appeared to have very little effect. The bloating of the whole surface had steadily increased, with increase of the pain in the head and back, frequent nausea, and some fever. The urinary secretion had decreased until the 12th, when it became entirely suppressed, and convulsions began the night following. The convulsive paroxysms followed each other in quick succession, allowing only an imperfect degree of consciousness to be recovered between them; the stomach promptly rejected all drinks by vomiting; the pulse was small and frequent; skin cool; pupils slightly dilated; respiration short, but regular, between the convulsive paroxysms. No passage of urine or fæces during the preceding twenty-four hours. A physician had been called in soon after the convulsions commenced, late in the evening of the 12th, who gave the bromide and iodide of potassa freely, but without any perceptible effect. At my visit on the morning of the 13th, I ordered extensive warm fomentations, with a view of promoting the action of the skin, and gave internally a powder of calomel, 5 grains, and nitrate of potassa, 5 grains, every two hours, with 10 drops each of chloroform and fluid extract of *Cannabis Indica* between. The latter was given more to prevent vomiting than for any supposed antispasmodic influence. The convulsions continued to recur through the day, but at longer intervals; otherwise, there was no improvement in her symptoms, and no evacuations either of urine or fæces. The further use of the powders was suspended, and in their

place Croton oil, suspended in the form of an emulsion, was given, in doses of little less than one drop every hour, until evacuations should occur. When she had taken three drops, a part of which was rejected by vomiting, it began to operate freely upon the bowels. On the morning of the 14th, found her quiet; no convulsions since the evening previous; face, and surface generally, still much bloated from dropsical infiltration; skin cool; pulse small, and 120 per minute; mind dull, but capable of being partially roused to activity; and indications of partial paralysis of the left side.

The bowels had been evacuated freely several times, and she had passed a moderate quantity of urine twice. She was directed to have beef-tea in small quantities for nourishment, and a solution of bitartrate potassa for drink. On the 15th, she was much improved in all respects, except the left arm was completely paralyzed, and the movements of the bowels had continued frequent, with some tenesmus and mucus in the discharges.

The urine was nearly natural in quantity and appearance. She complained of some pain in the paralyzed arm, between the shoulder and elbow.

The following prescriptions were ordered:—

Ry.	Fl. Ext. Scutellaria,-----	℥iij.
	Tinct. Digitalis,-----	℥j.
	Iodide Potassa,-----	℥iij.

Mix. Dose, one teaspoonful in sweetened water every four hours. Also,

Ry.	Ol. Terebinth.,-----	℥ij.
	Tinct. Opii,-----	℥ij.
	Pulv. G. Acacia, } āā,-----	℥iij.
	Saccha. Abla., }	
	Rub together, and add	
	Spts. Nit. Dulce,-----	℥iss.
	Mint-Water,-----	℥iss.

Mix. Dose, one teaspoonful every four hours, alternating with the other prescription, until the dysenteric irritation of the lower bowel ceases.

The use of the latter prescription was required only three or four times, and the patient improved steadily from day to day, until the anasarca, the paralysis, and nearly all symptoms of disease had disappeared. From the 18th to the 24th, the patient was cheerful and active in mind, appetite good, bowels regular, strength improving, and all the appearances of returning health. But there remained some anasarcaous puffiness of the face and lower extremities, and the urinary secretion was unsteady. Some days it was natural in quantity and appearance, others smaller and turbid.

She was confined to the use of light food, subjected to no injudicious exercise or exposure to atmospheric changes, and during the period last named took only mild diuretics and tonics.

Yet, on the 25th, she became dull, more anasarcaous, and the stomach irritable, with only a slight discharge of very high-colored urine; and before the next morning convulsions again came on as violent as in the first attack. The same means were resorted to as in the first attack, with the addition of a vapor-bath, and the omission of Croton oil; the powders of calomel and nitrate of potassa operating freely. The convulsions again ceased on the procurement of free intestinal evacuations and the return of renal secretion.

But her subsequent progress to recovery has been very slow and vacillating, and is yet imperfect.

In a practice extending over a period of more than thirty years, during which I have seen a fair proportion of scarlet-fever patients, and have often seen some degree of renal dropsy as a sequel, the two foregoing are the first cases that have occurred in my own practice, of complete suppression of urine and convulsions following this much-dreaded fever. Both these cases occurred after the mildest grade of fever, and in spite of some directly preventive treatment. And neither seemed to be benefited by any remedies except such as aided in the elimination of the retained elements of urine, by promoting the action of the skin, kidneys, and bowels.



## ARTICLE XVI.

## A SINGULAR CASE OF PURPURA AND TETANUS.

Extract from an Inaugural Thesis presented to the Faculty of Chicago Medical College for Session of 1868-69. By EDWARD R. KITTOE.

As you will see by the heading, I intend to proffer as my thesis a report of a singular case of purpura and tetanus, which I had the good fortune to see and watch from the first attack to the final recovery, during the first year of my study with my preceptor, which happened to be my father, and I made it a part of my study to visit with him some of the most important cases which came under his care. The one I now intend to give a report of, struck me at the time as being one of peculiar interest, and I wanted him to keep a record of it and make a report to some of the medical journals, but he neglected to do so, and I now take it up to lay before you, as I remember it, with the few notes I have been able to collect from the patient's father, as well as those of my preceptor. It was as follows: Philip Bolinger, aged 9 years, had what appeared to be a small pimple on the lower eyelid of the left eye, his father punctured it, and there escaped a small drop of pus; a few hours after it commenced to bleed very freely. Having tried in vain to arrest the hemorrhage, by all the means they had at hand, my preceptor (Dr. E. D. Kittoe) was called in. He found a clot of blood about the size of an ounce ball, which, on being touched, blood appeared all over it in drops like dew. He removed the clot and applied some Monsel's styptic on cotton, but with no effect. He applied successively, tannin, alum, kino, agaric, nitrate of silver, etc., etc., with no benefit. It being impossible to apply pressure with any direct force upon the wound, a bandage was passed around the head, with a compress, over the temporal artery. This appeared to answer the desired purpose for about twenty-four hours, at the end of which time, there being much tumefaction of the face and scalp of the affected side, with an erysipelatous blush, it was deemed unsafe to continue pressure any longer. Upon removing the

bandage and dressings, blood immediately began to ooze out around the coagulum, which had gradually increased until now it was the size of a hen's egg, flattened out by the pressure. Upraising carefully the edge, blood streamed out rapidly, and he found that there was a slough involving nearly two-thirds of the eyelid. He then removed the entire clot, and endeavored to staunch the blood by styptics once more, but with very poor success. He then tried the application of ice water, by the way of irrigation, by means of a fruit can, with a minute hole in the bottom, suspended so as constantly to drop on the part affected. In the meantime the boy was put upon tonic treatment. There had appeared on various parts of his body, petechia. He was directed to take quinia sulph. gr. ss.; tr. ferri chlo. min. xx.; vini rubri ʒss., every three hours, with beef essence, chicken soup, etc., *ad libitum*. After about twelve hours the ice-water treatment failing to arrest the bleeding, and the slough appearing to increase, recourse was had to Peruvian bark, and powdered charcoal mixed quite stiff with yeast, and applied to the wound. On the removal of the fourth poultice the entire slough came away, leaving a clean granulating surface, with a very minute arterial jet near the centre. This was grasped with a pair of Liston's artery forceps, and pretty effectually twisted, after which no further hemorrhage occurred, and the boy recovered rapidly. In about six weeks from the first attack of hemorrhage, he got a slight scratch on the temple on the same side, the bleeding from which was almost as unmanageable as at the first, but was controlled mainly by large doses of tinct. ferri chloridi, 25 drops every four hours, with port wine. Styptics, and pressure were again tried, but but with no avail. The bleeding was evidently controlled by the tinct. ferri. There was at the time profuse hemorrhage from the gums, but no appearance of petechia on any part of the body. The iron and wine together, with nutritious food, was continued for several weeks, when the boy appeared to recover perfectly his color and health.

About the 9th of December following this, (the first attack being in July,) he fell down stairs and cut his hand across the

ball of the thumb, with a piece of glass. It was tied up, and gave no inconvenience until the third or fourth day, when it became painful and commenced bleeding very profusely. My preceptor was at once called on, and again tried the use of styptics, but with no success. He also placed a compress of cork over the radial artery, which did partially control the bleeding, but immediately a large slough began to form about the cut, and a very considerable coagulum, about the size of a hen's egg, formed over the first incision. This clot had very much the appearance of fungus hæmatodes, the blood oozing from it at innumerable points. He removed this once or twice and applied dry lint, which would appear to keep it in check for a time, for several hours. However, this was soon abandoned for the bark, charcoal and yeast, with the tinct. ferri, 25 drops every three hours, which again had the effect to check the sloughing, and eventually the hemorrhage. (I should also mention that he tried at this time the use of bromine and also carbolic acid, but without benefit.) Now came on another phase of the case. My preceptor was called in the night to see his patient, the father stating that the boy was in a "fit." On arriving at the house, he found that he had a regular attack of tetanus. The jaws were tightly clenched, and the spasms, which came on in paroxysms, were terribly severe. Perspiration poured from every pore, and the whole appearance of the child was distressing in the extreme. He at once gave him the sixth of a grain of morphine, and directed the same quantity to be given at intervals of an hour, until relief was afforded; to continue the wine, with a teaspoonful of tinct. cinchona comp., every three hours. After a lapse of twenty-four hours, no benefit appearing to arise from these means, and the spasms being perfectly terrific, the dose of morphine was increased to one-fourth of a grain, in combination with valerianate of ammonia, ʒi, repeated every hour; porter or lager beer *ad libitum*. The spasms continued with great severity for sixteen days, and the dose of morphine was eventually increased to half a grain every two hours. The bowels were kept open by enemas of mutton or chicken broth, administered every second day. At

one time he tried bromide of ammonia, with no effect; also the bromide of potassa, with similar results. The spasms, after the sixteenth day, began gradually to subside, and after a lapse of twenty-six days left him entirely. The hand healed kindly during the first three or four days of the attack of tetanus, and the boy recovered rapidly.

There appeared to be a peculiar hemorrhagic tendency about this case. He is of a leucophlegmatic temperament, rather large, and somewhat fatter than usual for boys of his age. His mother died of phthisis pulmonalis. He had had an attack of scarlatina auginosa, about three months previous to the first attack of hemorrhage, but there was none of the sequelæ common in such cases, although he was much enfeebled by the disease, and continued peevish and fretful. The scarlatina, I am inclined to believe, acted as a predisposing cause to the purpura. Wood mentions it as one of the causes that sometimes produce the disease, and in this case it seems very plausible to consider it so, as previous to the attack of scarlatina there was none of the tendency to hemorrhage, but immediately after, the father noticed a tendency to ecchymosis upon the child's receiving the least bruise, so that I am led to believe that the purpura really followed immediately after, but was not discovered until the hemorrhage took place.

The pimple, as the father supposed it to be, I believe was one of the petechial spots in the form of a bloody blister, and that he was mistaken in regard to the escape of pus from it when he punctured it, as he was not aware that there was any petechia upon the body of the child until my preceptor showed them to him. There was but one crop of them, for as soon as the hemorrhage appeared they ceased to show themselves. At the time of the second attack, the child appeared to be in good health, with the one exception that there still remained a slight tendency to ecchymosis, but upon his receiving the scratch upon the temple, the tendency to hemorrhage of the same severe form again showed itself. Of course, as would be naturally supposed, after the child recovered from two severe hemorrhages of fourteen days each, he was very much debilitated, and almost

bloodless, for I have seen him loose almost a pint of blood at one dressing of the wound, the hemorrhage was so severe. He was, I think, the whitest piece of humanity I have ever seen. The third attack, which was only about two months after the second, hardly time for him to regain his strength, was, as I have said, caused by a slight cut from a piece of glass. The same hemorrhagic tendency still remained, and was equally as unmanagable, and, like its predecessors, lasted just fourteen days. Then came the attack of tetanus as soon as the hemorrhage was stopped and the hand began to heal. The cause of which was, without a doubt, the debility arising from the hemorrhage. In the paroxysms he ground out two of the back teeth of the left side and bit his tongue fearfully, the blood from which formed in a pretty firm clot, so that it had to be removed by a pair of forceps, for fear of its suffocating the child, and I am sure that any one would have thought just as all who saw him, that he could not possibly live through these spasms, now that he was so reduced, and yet they continued in their most severe form for sixteen, and in all twenty-six days, when, as I have said, the child recovered, and is now as healthy a looking boy as one might wish to see.

There is one or two things in the treatment of this case worth notice. First. I have neglected to say that the wounded hand and arm were put in a bowl of warm water as soon as a spasm came on, and it afforded great relief. Second. The cessation of the hemorrhage, upon the application of the bark, charcoal and yeast poultice, after having resisted all other known means; and Third. The benefit derived from the very large doses of tinct. ferri chloridi, which seemed to be the only means of checking the hemorrhage. He took as much as 25 drops every three hours; besides this the enormous quantities of wine and whiskey, as well as quinia and morphine, all having the desired effect.

The recovery of the patient seems to me almost a miracle, and is at least very remarkable. It is one of those cases that go to show us how much our patients will go through and still recover, and that while life still remains, we may yet hope

to afford relief, or even better, see our patient recover his health entirely, a pleasure which to the medical man is so great that none but those who have experienced it can realize the joy it affords him. He feels, in such a case, that he has gained the great object that prompted him to study medicine, that of relieving his fellow-creature from suffering, or, as it were, rescuing him from the grave. A man who gains such triumphs as this over the greedy hand of death, has in my mind the most noble calling God has given to any of his creatures.

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### Foreign Correspondence.

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ALLGEMEINEN KRAUKENHAUS, }  
*Vienna, January 26th, 1869.* }

CHICAGO MEDICAL EXAMINER:—It is scarcely necessary for an American to come to Vienna to learn surgery; not only because it is well taught at home, but because it is scarcely better taught here. The student, however, can here enjoy more advantages by means of private courses, which he cannot at present in Chicago, to the same degree, but which might be more fully extended to him there. Too much cannot be said, perhaps, in praise of Prof. Billroth for his investigations and discoveries in Physiology, Pathological Histology, etc., which alone rank him among the first of men in medical science. As an operator, he is probably only to be numbered with others.

The Department of Surgery is taught by Profs. Billroth and Baron von Dumreicher, who have charge of most of the surgical wards.

Each of the wards has about eighty beds. Each of them gives a clinic an hour and a half long five days in the week, in separate auditoriums, at the same hour. Each Professor has two Assistants, who live in the hospital, and correspond to our House Physicians, except that they are paid for their service, and are allowed to perform some operations. Besides these, there are six operating pupils, who are allowed "inside the ring" for the especial purpose of fitting themselves for sur-



geons. They are required to pass an examination for the position, and can hold it for two years.

While, however, they enjoy this great advantage themselves, they cut off many benefits from the students. They closely surround every patient laid on the table, whether their services are needed or not, and often so obscure the operation, as to make it of little benefit to the students. I often wonder why it is not corrected.

The out-patients or ambulants are first attended to, who range in number from four to twelve daily.

Candidates for graduation are called, per list, into the ring to examine the patients, give diagnosis, prognosis, treatment, and sometimes to perform unimportant operations, as opening an abscess, etc. Each has one or more cases, according as they are trivial or important. The student is often subjected to a pretty close quiz. In this way, I presume, the Professor understands very well the attainments of each student, and his fitness for graduation at the final examination.

A similar plan introduced into our schools somewhat more generally, would tend, I should judge, to excite a somewhat more thorough study on the part of the student, as every one is more or less chagrined to make a failure before the class.

The supposition, that when young men are old enough to commence the study of medicine, no stimulus is necessary, except the vast and interesting field before them, is somewhat Utopian, as it often fails to produce well-read men; especially when the standard for graduation is as low as in many of our schools.

After the ambulants are dismissed, patients from the wards, requiring more important operations, or illustrating more complicated treatment, are brought in for operations. These number from one to four daily. After the clinic, we often look hastily through the wards. Prof. Billroth gives, also, a private course in Theoretical Surgery.

There is also a private course given by one of the Assistants on bandages, in which each student is allowed to apply the different varieties on the living subject.

Another is given on Minor Surgery, treatment of ulcers, etc. Another on dislocations and fractures, with the applications of splints and other apparatus.

Another on Orthopædic Surgery, which I understand is almost wholly theoretical, few or no patients being used. I may say, in this connection, that a course is also given on the medical and surgical treatment of the urinary organs; which, however, I understand, is not very valuable.

Courses are also given by the Assistants on Operative Surgery, when the student makes all the ordinary operations on the cadaver.

Prof. Patruba, who formerly occupied the chair of Physiology, Anatomy, etc., at Prague, but lost his position in 1848, I think, and again in 1852, by joining and leading the Liberal party against the army and Government, gives a course on Topographical Anatomy, with its relations to surgical diseases. It is thought that he may regain his position, and become professor of this subject in this University.

I may add, in conclusion, that many and all of these private courses are not necessarily continuous, but ordinarily depend upon the formation of a class of ten or more individuals. Private courses, in general, here, are supported almost entirely by foreigners. Several private classes I've been in, were composed largely of Americans; and but for them, some of the courses would scarcely have been given. The majority of Austrian and Hungarian students content themselves with the regular courses.

The ordinary duration of private courses is from five to six weeks, with three to five clinics per week. For some of the courses the foreigner enjoys the privilege of paying a double price, which would seem a poor policy to attract foreign students.

F.

---

I adjoin the outlines of a case of lithotrity, which I saw some time since, as illustrating what accident may happen to the most skilful:—

A young man of full habit was admitted to the hospital

on Wednesday, with the ordinary symptoms of stone. On Thursday, was brought before the Class, and the sound revealed the existence of a stone of an inch or more in diameter. On Friday, was again brought before the Class for operation. The lithotribe causing considerable pain, he was given chloroform. The stone was with some difficulty seized, and a part of it crushed, some of the fragments being brought or washed away. For some reason, the operation was not completed, and the patient returned to his bed. In the course of twenty-four hours he was suffering intense pain, which soon increased to almost a mania, and Saturday evening he died.

*Post mortem* revealed cystitis, pericystitis, and peritonitis, to an extreme degree, with a perforation of the bladder posterior to the prostate. No fragment was found outside the bladder; and whether the perforation was made by the stone or instrument, was not decided.

I've seen this operation several times here, but none of lithotomy. F.

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## Proceedings of Societies.

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### CHICAGO MEDICAL SOCIETY.

FRIDAY EVENING, January 29, 1869.

The Society was called to order, President Marguerat in the chair.

Secretary Macdonald read the minutes of the last meeting, which were duly approved, after slight modification by Dr. Davis.

The name of Dr. Bosley was proposed for membership by Drs. Seely and Clarke; also, Dr. W. M. Jackson, by Dr. Powell. Referred to Board of Censors.

Dr. Seely opened the discussion on the "Pathology and Treatment of Saccharine Diabetes." Is of the opinion that the term Glucohemia would be the best to signify the presence of sugar in the blood. Stated that it has been shown that the

sugar formed in the liver is consumed by the lungs. Thinks sugar is also formed in the stomach; and the collection of sugar in the urine is due to its not being consumed by the lungs. Is of the opinion that the alkaline treatment is the best that has been advocated to diminish the amount of sugar in the urine. Has read some statements published by Mr. Day, in which he recommends the use of the peroxide of hydrogen. Cited one case which recovered in seventeen days.

Dr. Schmidt says, according to late experiments, it has been shown that there is no sugar to be found in the liver, nor hepatic veins, during life; or, at least, it cannot be detected upon immediate examination after life has become extinct. Other experiments showed, that if the femoral arteries were compressed, that sugar was formed; and hence they came to the conclusion that diabetes was due to paralysis of the nerves supplying the arteries, and a ferment in the blood. Has heard of cases treated successfully by the application of streams of water down the spinal column. Is of the opinion that arsenic is a valuable remedy in this disease.

Dr. Loverin asks if diabetes may not occur from nervous debility? If so, the treatment most appropriate would be tonics.

Dr. Davis remarked, that he had been very much interested by what had been said, and that he had never been satisfied with Bernard's experiments; and thinks that the more recent experimenters have failed to show or prove the source of the sugar, although they have thrown some light on the subject. He has noticed that punctures of the brain, or particularly of the medulla oblongata, have been followed by saccharine diabetes. Also, that strychnia and chloroform, used internally, have been followed by the same results. Says there was a doctor called on him that evening, who has been suffering from saccharine diabetes for some months, and who attributes the cause to the excessive use of strychnia.

Dr. Davis says, he does not think that nervous debility, nor even paralysis, can produce this disease, as we have a great many examples of great exhaustion from masturbation; also, paralysis and hemiplegia; and but very seldom any increase of

urine. Hence, thinks it will not do for us to attribute the cause to debility of the nervous system. Thinks that the origin of the production of sugar is due to deficient action in some of the systemic and pulmonary capillaries. Says his confidence has been shaken in all remedies except such as promote assimilation. Hence, recommends the acetated tincture of calves' rennet, two drachms of which may be taken at each meal. Cited the case of a little girl who had saccharine diabetes some five years since, and who was successfully treated by "Haughton's Pepsin;" the patient not having shown any signs of the disease since. Has been in the habit of using liquid rennet, 3j., dose before each meal, and

R. Pulv. Opii,----- gr. ss.,  
Cupri Sulphus,----- gr. ʒ,

after each meal, with good diet, avoiding starchy vegetables. Cited case of woman on West Side who was treated this way; and in two months hardly a trace of sugar could be found in urine, and has been entirely well for several months. Noticed an article in the *New Orleans Medical Journal*, where bran bread and meat diet were highly spoken of, avoiding all starchy vegetables. Thinks we have yet to trace out the source of the sugar. Says if strychnine is capable of producing diabetes, it may still be beneficial in the treatment, if administered in medicinal doses. Cited cases where atrophy of the limbs was followed by an overdose of strychnine.

Dr. Paoli highly favors the vapor-baths in treatment of diabetes. Cited case of a woman who seemed to be benefited by the baths, but who, after a protracted illness, died.

Dr. Seely says that the pepsin has been used in France, but it is not considered a very efficient remedy. Thinks, with Dr. Davis, that nervous debility is not productive of the disease. Is of the opinion that the peroxide of hydrogen is worthy of trial.

Society next proceeded to Reports of Cases.

Dr. Paoli reported case of Swedish woman whom he was called to see at 10 P. M. last Saturday. The woman had been in care of a midwife, and was delivered of a small child at 3 A. M. Hemorrhage continuing from time of delivery until he

was called. Found patient lying on her side; head high; pulse feeble, and greatly prostrated. Placed a pillow under her hips, and gave a teaspoonful of turpentine, and produced friction over abdomen. Pulse soon began to improve, and all hemorrhage ceased.

Passed to Miscellaneous Business.

Dr. Davis proposed next subject for discussion:—"What is the active agent that produces convulsions in uræmic poisoning, and the most reliable treatment?"

Drs. Schmidt and Paoli were appointed to open the discussion, two weeks hence.

Dr. Davis thinks it in the power of those present to make these meetings interesting, and suggests that every member read upon the subjects proposed for discussion, and be prepared to give their experience; thus benefiting each other.

Members present:—Drs. Marguerat, Macdonald, Davis, Paoli, Loverin, Grosbeck, Guerin, Fredigke, Schmidt, Seely, Wickersham.

Society adjourned.

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FRIDAY EVENING, February 5, 1869.

The Society was called to order by the President, Dr. Marguerat.

Secretary Macdonald read the minutes of last meeting, which were duly approved.

The President remarked that there were two members to be elected to-night.

Dr. Paoli recommended that the election be postponed until next meeting.

The name of Dr. William T. Johnson was proposed for membership by Dr. Fisher.

Under call for Pathological Specimens,

Dr. Holmes presented an ossified crystalline lens, which had been shaking around loosely in the anterior chamber of the patient's eye for a period of five years. It was removed at the patient's request, as he had suffered considerable pain. The sight of the eye was lost, as it was the result of a blow.



Dr. Bogue asked if the anterior chamber was filled after the extraction?

Dr. H. says it was, preserving the rotundity of the eye.

Drs. Paoli, Quales, and Marguerat participated in the discussion.

Dr. Bogue presented a specimen, the result of conception. During the hemorrhage, the mass was partly held by the contraction of the os uteri. The sac was ruptured on his hand, and he says that he does not think there was anything but fluid escaped. Between the amnion and chorion found quite a large blood-clot. The question is, What has become of the fœtus? There was no appearance on either side of the attachment of the cord. Judges the patient to have been in about the sixth week of pregnancy.

Dr. Paoli asked if the fœtus did not pass off with the coagula?

Dr. Bogue was of the opinion that it was absorbed.

Dr. Fisher says he has seen a similar case, although rather larger, where there was no fœtus.

Dr. Marguerat also reported having removed a sac size of a pigeon's egg, containing a clear fluid, at the third month of pregnancy.

Dr. Bogue presented, for Dr. Hutchinson, a portion of a tape-worm, containing the head. Does not know what the Doctor used to cause its expulsion.

Dr. Paoli remarked, it was rare to see the head, but the tail is often seen.

Dr. Holmes asked if there were more tape-worms in this country now than common?

Dr. Trimble says that he has not seen many cases of late years.

Dr. Wanzer spoke of their being more common in warm climates—California. Said he lately expelled one from a man on the West Side, which the patient thinks was 200 feet long. The successful remedy was the ethl. oil of male fern, in 30-drop doses. Says he employed other remedies without benefit.

Dr. Bogue reported the case of a woman who had taken  $\frac{1}{2}$  of

a grain of atropia in solution, by mistake, supposing it was morphine. As soon as swallowed, there was a severe burning sensation in the stomach. Saw her in twenty minutes after, and gave an emetic, which operated immediately; in the mean time, there was considerable twitching of arms and legs, which began to pass away, together with the pain, in the course of half an hour. Next morning, the patient had some difficulty in seeing. The question is, Was it a poisonous dose?

Dr. Paoli thinks that a quarter of a grain would usually prove fatal, as the dose is from  $\frac{1}{30}$  to  $\frac{1}{80}$  of a grain.

Dr. Holmes also concurs in the opinion of Dr. Paoli. Related case of a lady who took  $\frac{1}{2}$  grain, but vomited immediately after. He usually gives about  $\frac{1}{100}$  grain at dose, internally. Thinks morphine and strong coffee the best antidotes.

Dr. Macdonald says that he gave a little boy of two years, who was suffering from incontinence of urine,  $\frac{1}{12}$ , increased to  $\frac{1}{4}$  gr. ext. belladonna, for two weeks and a half, without symptoms of its toxic effect.

Dr. Bogue thinks, when a small portion of atropia is combined with morphia, adds very much to its anodyne influence, the effects continuing much longer than when the morphia is given alone. As an antidote, he prefers strong coffee to either whiskey or opium.

Dr. Bogue asked if  $\frac{1}{4}$  g. ext. belladonna was not a pretty large dose for a child?

Dr. Marguerat says that Brown-Séquard records cases where he has given it in grain-doses in pertussis of children, having the effect to temporarily paralyze the fauces.

Dr. Paoli thinks it was commenced in  $\frac{1}{8}$ -grain doses, gradually increased to *one* gr.

Dr. Adolphus thinks it very dangerous to give one gr. at a dose.

Drs. Tucker and Wanzer participated.

Dr. Paoli spoke of having used the chloride of quinia in  $\frac{1}{8}$ -gr. doses in the treatment of five cases of malignant scarlet fever, with very beneficial results, reducing the pulse very rapidly. Asked the experience of the Society in its use.

Dr. Quales said he had heard it recommended in membranous croup.

Dr. Quales reported case of miscarriage. Patient was in hands of a midwife, and when he was called the hemorrhage was severe. The placenta was very large, and indurated. Fœtus some two months old.

Dr. Trimble reported a *rare* case of fracture of 5th metatarsal bone, from a sudden fall of the patient while skating. The sensation imparted to the young man at the time of fracture was that of an acute pain.

Dr. Bogue remarked, that fracture of the 5th metatarsal bone is of exceedingly rare occurrence, especially by turning of the foot.

Dr. Wanzer says he has rather a lengthy report on amputation of the shoulder-joint, but prefers to read it at the next meeting.

Society then proceeded to Miscellaneous Business.

Dr. Paoli presented copies of the Ohio and Illinois Laws governing the practising of physicians, which the Secretary read. Dr. P. then moved that a Committee of three be appointed to report on these laws at next meeting. The President appointed Dr. Davis Chairman, and Drs. Paoli and Trimble Associates.

Members present:—Drs. Knox, Marguerat, Macdonald, Davis, Bogue, Trimble, Paoli, Quales, Wanzer, Fisher, Tucker, Adolphus, Holmes.

Society adjourned.

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FRIDAY EVENING, February 12, 1869.

The Society was called to order, President Marguerat in the chair.

Secretary Macdonald read the minutes of the last meeting, which were duly approved.

The Board of Censors reported favorably in the cases of Drs. Bosley and Johnson. Society then proceeded to ballot, Drs. Bosley and Johnson being duly elected as members of the Society.

Under call for pathological specimens, Dr. Fenn presented a salivary calculus extracted from Wharton's duct.

Society next proceeded to the discussion of the subject chosen at last meeting, *viz.*: "What is the active agent that produces convulsions in uremic poisoning, and the best treatment?"

Dr. Schmidt opened the discussion, by saying that he had gone through a great deal of literature on the subject, and has found that most European authors refer to American authority, especially Dr. W. A. Hammond's work; but says that experiments have shown that not a single substance of the urine would produce uremia except urea, which had to be injected in very large quantities in order to produce the symptoms.

Says he has a patient under treatment at present at the Jewish Hospital, who has some fifteen fistulas, the urine flowing from all. He opened the fistula and introduced a catheter. Patient had chills and headache, which symptoms were mitigated for several days by the administration of hydrochloric acid.

Dr. Paoli says that uremia exists in albuminuria, and is occasioned by the blocking of the ureters. Asked Dr. Schmidt if he tested the urine for albumen? Dr. S. replied that he had not.

Thinks albumen is present in the urine of nearly every pregnant woman at the 7th or 8th month.

Dr. Paoli says he now has a case presenting symptoms of uremic poisoning. The patient is an old lady, and her bladder does not contain more than a tablespoonful of urine. Specific gravity, however, is about normal. Has been giving nitro-muriatic acid, which seems to give some relief.

Cited a case in cholera-time of a young man who did not pass any urine for four days, still there were no symptoms of uremia. Dr. Trimble saw the same case. Patient died in a comatose state. Thinks it is evident that urea is found in the kidney, and not in the blood.

Dr. Schmidt says he was called some ten years since in consultation with two other doctors. Patient was a man of 35,

and had been suffering from amaurosis. When he arrived, found the patient in a dying condition. Had been gradually losing his sight for three weeks, but had continued to work up to within two days. Pulse was weak, but all the functions seemed to be normal. Found a large tumor on the right side. Asked his wife in regard to the voiding of his urine. She said when he became excited, he would pass urine a half an hour at a time. Patient died that night. Found the right kidney to consist of a sac as large as my hat, while the left was very much enlarged, and fatty.

Dr. Gray reported the case of a young man who injured his hand. Three weeks after, tetanus set in. Applied turpentine and belladonna to spine by means of a cloth being saturated, over which he placed a warm flat-iron. Gave internally chloroform gtt. x. every fifteen minutes, during the time of which there was no spasm. Then resorted to bromide of potassium, in 20-grain doses, every two hours, without effect, as the spasms again recurred. Patient died in three days; and, although he had not passed water or anything from his bowels for 24 hours, upon the introduction of the catheter his bladder was found perfectly empty.

Dr. Fredigke says he has noticed an account of five cases of tetanus in the *London Lancet*, four of which recovered under the use of Calabar bean.

Dr. Foster remarked, that there is a horse-doctor in the city who gives hydrocyanic acid, in from one to two drachm doses, in the treatment of tetanus in horses. Also, tincture of aconite-root, in 20-drop doses, with very good success.

The Secretary then read the report on the Medical Bill, and it was moved and seconded that the bill be accepted.

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Dr. Wickersham said that the bill presented was free from the objections of the one he opposed. Thinks it will start legislation for the protection of the people, and moves it be adopted, although it is borrowed from the Ohio bill.

Dr. Paoli says that he is sorry that the Society did not appoint Dr. Wickersham Chairman of the Committee to report on

the bill, and says that the reason for adopting the Ohio bill is because it is more practical than the one originally proposed.

Dr. Reid thinks it necessary to appoint a Board to examine those who desire to practise, and recommends the appointment of separate Boards, Homœopathic, etc., to examine those of their own school.

Dr. Trimble says he thinks the remarks of Dr. Reid very appropriate, in order to make the bill more practicable.

Dr. Wickersham says he does not favor any such project.

Dr. Davis says that what ought to be done is the appointment from the profession of a Board whose duty it would be to examine every person desiring to practise medicine, diploma or no diploma; and says there was a period when two-thirds of all the States of the Union had such organized Boards. Thinks, however, if we ask for a Board, appointed by competent authority, the Legislature would not pass any such laws.

If the Board were appointed by the Governor, it would be nothing but a football in politics, and the Board would be made up of anything but what we want; and it would amount to about the same if the judges of courts had the appointment of Boards. Hence, does not believe there is any use in going outside of the profession for a Board. Not being able to do this, we next aim to have educated men in the profession. Thinks that if the Society do anything, they would do well to adopt the law, and recommends that a Committee of three be appointed to get the bill put in print, and send it to the Legislature, with the request that they accept this bill in place of the one proposed, as the opinion of this Society.

Dr. Davis recommended subject for discussion two weeks from to-night—

“Pathology and Treatment of Scarlet Fever.”

Drs. Tucker and Guerin appointed as disputants.

Members present—Drs. Marguerat, Macdonald, Davis, Paoli, Bogue, Wickersham, Schmidt, Trimble, Reid, Tucker, Ray, Fisher, Loverin, Quales, Hutchinson, Baxter, Gray, Bridge, Foster, Guerin, and Fredigke.

Society adjourned.



## CARROLL COUNTY MEDICAL SOCIETY.

The second regular meeting of this society was held in Lanark, on the 23d of February, ultimo.

Dr. John L. Hostetter, President elect, presiding.

Minutes of previous meeting were read and approved.

Dr. N. Stephenson, of Thomson, read a paper on the nature of the action of chloroform as an anæsthetic agent.

This was a very able production, and showed that the Doctor has been a very close observer of the action of this article. He advanced some very correct ideas as to its peculiar action in some cases, and gave some very excellent advice as to the mode of administering this agent.

Dr. J. Haller, of Lanark, read a paper on the action of *gelsemium sempervirens*, but modesty will not allow any comment upon our own paper.

Some of the members having been requested to read papers asked for further time.

There was considerable discussion on some of the ideas set forth in the papers read, which passed off very agreeably to all. This is what we want, *viz.*: free expression of views, and reports of our experience in these matters. By so doing we will be enabled to combat disease more successfully, and make the practice of our noble profession more pleasant.

Dr. Hostetter not having a paper prepared on medical ethics offered a verbal report, in a few well-timed words, to wit:—"Labor diligently and unitedly for the good of suffering humanity." "In all things whatsoever ye would that men should do to you, do ye even so to them."

The following were requested to read papers at our next meeting (and also those who did not read at this meeting are requested to be prepared at our next):—

On obstetrics, Dr. Jno. L. Hostetter, of Mount Carroll.

On the etiology and nature of "shock," Dr. N. Stephenson, of Thomson.

On motion of Dr. J. Haller, it was decided to hold the next meeting of this society in Mount Carroll, on the second Tues-

day of June next, at 10 o'clock A.M. We hope to see a good attendance at that time. All members of the press and clergymen favorable to a *rational* system of medicine are invited to meet with us.

JNO. L. HOSTETTER, *President.*

J. HALLER, M.D., *Secretary.*

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### WAYNE COUNTY MEDICAL SOCIETY.

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#### LIFE INSURANCE AND ITS RELATIONS TO THE MEDICAL PROFESSION.

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#### *Resolutions Declaring the Rate of Compensation for Examining Applicants for Insurance.*

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At a meeting of the Wayne County Medical Society, held in Detroit, on Wednesday, January 6th, 1869, the following Report of a committee appointed to fix a rate of compensation for examining applicants for life insurance was adopted:—

*Mr. President and Gentlemen of the Wayne County Medical Society:*

Your Committee, to whom was referred for report the question, "What should constitute the proper medical charges for examination of applicants for life insurance, and what should constitute the proper fee for attestation as medical attendant?" respectfully submit the following:—

The tables of longevity of man are based on the initial of health; and from this standpoint all calculations must arise. To obtain this initial of health the life insurance companies have always, and must necessarily, rely upon the opinions of the medical profession, who are the only authority. In other words, the medical profession are the guardians of the whole science of successful life insurance.

Occupying, therefore, as they do, this prominent position, it should follow that, in the emoluments arising therefrom, the examining physician should be properly and liberally remunerated for his services. Is he so?

Life assurance companies are now paying for examinations, which inform them of the standard of health of the person they propose to insure, the sum of from two to three dollars. No difference is made whether the risk be for one hundred dollars or twenty thousand. The agent may make his three to five hundred dollars on the amount insured. The officers have high salaries, and the stockholders large and frequent dividends, but the miserable pittance paid the physician is considered a large fee. The profession have themselves to blame only for this state of affairs; and to remedy this is the object of this Report. A united effort is only necessary.

Your Committee are of the opinion that now is the time, not only for the medical profession of the city, but for the profession of the whole State (and we might say the whole United States), to demand that remuneration which would be an equivalent for the service rendered.

What sum should, then, constitute a proper remunerative fee? Upon a careful examination of the whole question of fees, a sum of not less than *four dollars* should be charged for each and every primary examination.

Were the life insurance companies of this city all to combine, and employ only one examiner, at a fee of three dollars for each examination, his income would even then be less than that of any physician of moderate practice, and not entirely satisfactory for an annual professional income, considering the value of the talent employed.

In certifying to the health of the applicant for life insurance by his usual medical attendant without fee, except as obtained from the applicant, a great hardship has been thrown on the profession, without the least consideration of the relation of medical adviser and patient. We are, with surprising coolness, asked to betray that which has been confidentially placed in our charge, and so deprive our patrons of the advantages of life assurance, or to falsify our statements to the interrogatories put, in order that he may be insured; and, even then, are told the company does not pay, but the applicant should. He does it with pleasure, if insured, but is indignant at the charges if re-

jected by his physician's statement; and, of course, refuses the bill.

How, then, are the profession to remedy and protect themselves against this imposition?

1st. By refusing to give any such certificate unless with the verbal or written assent of the person to be insured.

2d. By refusing such certificate until the payment of a fee of not less than *three dollars*, if it can be given in the office of the attending physician; and, if a visit to the residence of the applicant be necessary, then a further fee of *two dollars* be added, and the whole to be paid by the assurance company.

In making these demands, the medical profession require nothing but what is just, and what every insurance company can easily and readily pay. They ask nothing more than a united effort will necessarily receive, and speedily accomplish. We therefore recommend the adoption of the following resolutions:—

*Resolved*, That the fee for examination for life insurance companies shall be the sum of *four dollars* for each and every primary examination.

*Resolved*, That we will not give a certificate as "family physician" without the verbal or written assent of the person to be insured, and, even then, reserving the right to withhold the same, if for the interest of the family of the applicant.

*Resolved*, That the fee for such certificate shall not be less than *three dollars*, if the blanks can be filled in the physician's office; and, if further labor be entailed, a further fee of *two dollars* be added, the whole to be paid by the insurance company; and

*Whereas*, A united action of the profession is necessary to perfect the above recommendation, and carry the resolutions into proper effect; therefore,

*Resolved*, That the Wayne County Medical Society respectfully and earnestly ask of the profession, not members of the Society, in the City of Detroit, to cordially unite for the common good in our effort for remunerative fees for examinations and certificates in life insurance; as, we believe, the charges demanded are equable and just.

*Resolved*, That the physicians of the State be requested to take like action in this matter; and that, to further the same, your Committee be empowered to present this Report and Resolutions to the State Medical Society, at its next meeting, in June.

*Resolved*, That the time for the taking of effect of the resolutions regulating the rate of fees be the first day of February, 1869; and, until that time, no member of this Society will be expected to contract for any length of time with any company at a less rate than the tariff fee.

*Resolved*, That the Secretary send a copy of this Report and Resolutions to every medical journal in the United States, to the public newspapers of this city, and a copy of the Resolutions, fixing the tariff of fees and time of taking effect, to each life insurance agent in the city, and the home offices, and that the Treasurer be authorized to pay all expenses attendant thereon.

WILLIAM BRODIE, }  
J. F. NOYES, } *Committee.*  
H. F. LYSTER, }

Attested by: H. O. WALKER, *Secretary.*  
CARL BRUMME, *Vice-President.*

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### The Clinique.

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FROM THE SERVICE OF PROF. N. S. DAVIS, IN THE  
MEDICAL WARDS OF MERCY HOSPITAL,

FEBRUARY 18, 1869.

REPORTED BY W. A. BARSTOW.

GENTLEMEN:—This man tells us that, some six months ago, while engaged in sinking a shaft in the vicinity of Morris, in this State, he was attacked with pain in the anterior portion of the thigh, stopping short above the knee. The pain, however, soon extended to the iliac and lumbar regions, and subsequently

across to the epigastrium, which has continued since the last of July, with but little relief. He has been under treatment for rheumatism. I first saw him at my office one or two weeks since. I find, on examining the spine at the lower, or next to the lower, lumbar vertebra, there is a little prominence. There is but little tenderness over the spinous processes, but directly along the right side of the vertebra, for several inches, it is extremely sensitive, and seems to be almost exclusively limited to the right side. There seems to be a very little swelling, but which may be due to dry cups which were applied two days since. He will allow any degree of flexion of his thigh, but if you extend the leg and carry it back of its fellow, the pain is reflected along the margin of crest of the ilium and abdomen. If he sits down, or stoops to pick up anything, instead of bending forward as a well person would, he squats down, endeavoring to keep his spine as straight as possible.

This symptom is of great value in forming a diagnosis, and raises the question as to what the disease is, and what has produced it? To the experienced observer, his symptoms immediately suggest one of the three following diseases:—1. Inflammation of the psoas muscle, or adjacent areolar tissue, tending to the formation of an abscess. 2. Disease of the vertebra. 3. Inflammation of the right half of the spinal cord. Any one of these three diseases would be brought to mind in the investigation. First, we will take up affections involving the psoas muscle. Pain in the front part of the thigh and abdomen would first lead us to suspect that this muscle was involved. The first effect of inflammation in contact with a muscle is to render it rigid. The tendency, if the psoas muscle is inflamed, is to relax the abdomen by flexing the thigh on the pelvis. If he puts his leg down straight, or stands square on his feet, he will lean his body forward, so as to still relax the muscle on the anterior part of the spine; and, if in bed, he will be found to have the thigh drawn up. The pain accompanying psoas abscess is dull and deep-seated, extending from the abdomen to the junction of the lumbar vertebra, and across by the crest of the ilium. The most diagnostic signs being, pain down the

thigh, and in one side of the abdomen, and the flexion of the thigh. If asked to flex the thigh strongly, he cannot, the pain being much increased. If you examine the patient while on his back, you will generally find, on pressure, a degree of tumefaction along the inside of the anterior part of the crest of the ilium, or a sense of fulness and tenderness, which does not correspond to the opposite side. In the present case, none of these symptoms are present, except the pain in the anterior part of the thigh, and pain in extending the leg backward. Is the disease in the vertebra? One symptom exactly corresponds with the early stage of spinal disease, *viz.*:—the mode of stooping down, which may be noticed in children who have spinal disease, coming on even before they complain much. Instead of stooping over, they will likewise squat; and if they can reach anything to support them in rising, they will do so. This symptom, however, is not restricted to disease of the bones of the spine, but may be present in any affection that renders the spine sore.

Six months have elapsed, and there is no perceptible alteration, except in the one spinous process previously mentioned; hence, we are not justified in saying that he has disease of the vertebra from the manner of stooping alone.

The tenderness along the sides of the vertebræ is severe, while in disease of the bone there is rarely any muscular soreness or neuralgic pains, until the disease has progressed to such an extent as to make some degree of deformity perceptible; then you have severe paroxysms of pain in the epigastric region, in the intercostal spaces, or horizontally around the abdomen. There is seldom any evidence, in the early stage, of interference with muscular action. But in this case, pain in the muscles was one of the first symptoms; and, taking this together with the facts that it is of six months' duration, and no deformity; while the pain follows certain nerves, with acute and severe tenderness along right side of the spine; increased by exercise, and occasional cramps in the abdominal muscles; all of which point to the right half of the spinal cord, corresponding with the lower half of the dorsal vertebra, as the seat of disease.



Both sets of nerves are involved—namely, those of sensation and motion. From a close investigation of his case, my opinion is, that he has chronic inflammation of the membranes of the spinal cord, along the lower third of the dorsal vertebræ. If that is the case, has it produced any disorganization of structure? We answer no, or it would have left him with paralysis; and, if there was effusion, this would have certainly produced paralysis in some degree. If it be simple chronic inflammation, involving the roots of nerves, what is the appropriate treatment? We answer, dry cupping, followed by belladonna plasters or hypodermic injections of atropine; and, internally, we will first put him on the following treatment:—

R.	Tinct. Cimicifuga, -----	℥ij.
	Tinct. Stramonii, -----	℥ss.
	Iodide Potassa, -----	℥iiss.
	Simple Syrup, -----	℥iss.
	Mix.	

Of which, we will give a teaspoonful every four hours; and, three times a day, a powder, consisting of—

R.	Potassa Nitras, }	āā, -----	gr. viij.
	Pulv. Doveri, }		
	Hyd. Chlor. Mite, -----		gr. ij.

The calomel to be discontinued as soon as its alterative effects are perceptible in the breath or gums.

These means, with rest in the horizontal position, will be likely to remove the disease in from four to six months.

Common tumblers form good cups for broad surfaces like the back, as was shown by their application in this case before the Class.

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GENTLEMEN:—The next case to which I propose to call your attention to-day is one of partial hemiplegia.

The patient is a carpenter, and says that, for two or three months before the attack, he was at times light-headed and dizzy, and was afraid to venture upon the scaffolding, and consequently went to work in the shop.

It seems that, the night of the attack, the patient was out later than usual with some friends, and during the evening had

indulged in a glass or two of stimulants, but not enough to feel the effects to such an extent that he did not know all that occurred.

After parting with his friends, he started for home. Before he proceeded far, however, he says that he was gradually taken blind and dizzy, and finally fell on the sidewalk, and became partially unconscious. When he recovered himself, he found he had no power in his right arm nor leg, but succeeded in dragging himself to a doorway.

Until within the past week, he has been under treatment at Madison, Wis., where he was living at the time of the attack. At present, you would hardly know that his leg was affected in walking; but, on closer observation, you would notice that he raised it with difficulty when attempting to step over anything. His face has improved equally with his leg, but his arm is still nearly useless. Can shut his hand quite tight, and has a good degree of power in the flexor muscles; but the action of the extensors is much impaired, and supination is also rendered imperfect. This shows us that the whole set of extensors, from he shoulder down, are more feeble than the flexors.

The first item we wish to investigate is the seat of the disease. The paralysis of the arm and leg are but symptoms, and may arise from three sources:—1. The muscles themselves, as in lead palsy. 2. The spinal cord. 3. The brain itself. The symptoms of giddiness and the paralysis, extending to the face, must necessarily involve the nerves within the cranium; hence, we refer it to the brain. If there had been no paralysis of the face and tongue, we might have presumed it was in the spinal canal. The patient's mind being clear, while there is giddiness and dimness of vision at times, we refer the seat of disease to the base and central portions of the brain.

In determining the nature of a disease like this, it is essential to get as accurate a history of the case as possible.

First, we may have paralysis come on suddenly, with severe pain, as in the case of the patient up-stairs, to which your attention was a few days since directed, indicating a pathological change of an apoplectic character.

In this case, it has come on gradually, and became fully developed when under the effects of stimulants. Rest improves his muscular power, while exercise uniformly exhausts it.

This would indicate the existence of some gradual change at the base of the brain, like syphilitic thickening of the dura mater, the growth of a tumor, or gradual softening of brain substance.

We will endeavor to draw the line of distinction between these pathological conditions.

The symptoms of white atrophy or softening do not correspond to those of the case before us. That disease comes on insidiously, by simple impairment of the muscular power, the legs or arms requiring an extra exertion on the part of the patient to use them. It is a gradual weakening, which, when once begun, continues on worse and worse, and involves loss of coördinating power and strength, without complete paralysis, until the last stage of disease.

Now this man was not progressively losing the strength and coördinate power of his muscles, but merely giddiness and headache. And, instead of steady increase of his disease, under treatment he has been decidedly improving, and now only complains of paralysis of the right arm, with pain in the shoulder of the affected side, and occasional darting of pain up the back part of the head.

It seems that, several years ago, this patient contracted syphilis; and he now has maculæ on the skin, and what he calls catarrhal disease in the nostrils. And it is highly probable that his giddiness and paralysis arise from thickening of the dura mater over the sphenoid bone.

It is of the utmost importance to ascertain the cause, in such cases as this, in order to know how to treat the disease intelligibly. He has been taking iodide of potassium and strychnia; and I think, had the iodide been combined with minute doses of the bichloride of mercury, it would have benefited him still more. The question is, had the disease involved the bones—either the ethmoid and palate, or any portion of the sphenoid? If it has, the prognosis would be considered unfavorable, al-

though not terminating for three or four years. If it is confined to the soft parts, we would expect a recovery.

Viewing the case in this light, we will put him on the following treatment, with an occasional intermission of a week:—

R.	Iodide Potas-sium, -----	℥iij.
	Bichlor. Hydr., -----	gr. j.
	Syr. and Aquæ, -----	℥iv.

M.

Of which, we will give a teaspoonful four times a day. We will also use a weak solution of carbolic acid as an injection, which may be applied by means of a curved syringe through the posterior nares. We may derive some benefit from muscular tonics when the muscles are flaccid; but strychnia and electricity should never be used to any extent, if there is rigidity of the muscular fibres.

Under the foregoing treatment, we may expect the patient to recover a good degree of health, and the use of his arm, in from four to six weeks. It will depend, however, upon whether the bones at the base of the brain are affected or not.

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### Selections.

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#### THE PATHOLOGY AND TREATMENT OF SUNSTROKE.

By GEORGE JOHNSON, M.D., F.R.C.P., Professor of Medicine in King's College; Physician to King's College Hospital.

The formidable disease known by the name of *sunstroke*, or *heat-apoplexy*, might (Dr. Johnson writes) be more correctly designated *heat-apnœa*. Although this affection frequently occurs from direct exposure to the sun's rays, it is also of common occurrence without such exposure. The one essential and constant condition is a very high temperature of the air. The most powerful concurring causes are—muscular exertion and excessive fatigue; hot clothing, and especially such as tends to impede the respiratory movements; an excessive use of alcoholic liquors; and the close and impure air of hot and over-

crowded rooms. The disease may be fatal in a few minutes, or the symptoms may last from one to forty-eight hours.

The rapidly fatal cases are spoken of as belonging to the *cardiac* variety. The patient falls unconscious, gasps, and dies. When the disease runs a less rapid course, it is said to be of the *cerebro-spinal* variety. There are great heat, dryness, and redness of the skin, giddiness, nausea, congestion of the eyes, and frequent desire to micturate; sometimes delirium, then drowsiness, passing into coma. The pupils are contracted; the breathing is hurried and laborious; the heart's action is tumultuous; the pulse rapid, at first distinct, but soon becoming feeble and irregular. Convulsions are of common occurrence, either early in the attack, or immediately before death. After death, however rapid may have been the course of the disease, the one constant condition is extreme, "unexampled" congestion of the lungs, with distention of the right side of the heart.

Dr. Maclean, to whose article on sunstroke (Reynold's *System of Medicine*) Dr. Johnson would refer for a clear and succinct account of the facts of the disease, states that all modern pathologists are agreed that the superheating of the blood, which precedes and accompanies sunstroke, has a depressing, and not a stimulating, effect on the nervous centres. In what way, then, does the overheated blood exert this depressing effect on the nervous centres? Dr. Johnson believes the following to be the true physiological explanation of the phenomena:—

The hot blood relaxes the muscular walls of the minute pulmonary arteries. The pulmonary capillaries are consequently flooded with blood. This overfulness of the capillaries interferes with the aëration of the blood. In fact, the overgorged vessels must encroach upon the pulmonary vesicles, and so diminish the air-space within the lungs; while the air itself is highly rarefied. Hence a state of more or less complete apnœa. Unaërated blood is sent to the muscular tissue of the heart, and to the brain: hence the cardiac and the cerebral symptoms. A similarly engorged state of the cutaneous capillaries, consequent upon extreme relaxation of the minute arteries, is the probable cause of the dryness of the skin. An excessively engorged state of the capillaries is as unfavorable for cutaneous secretion as it is for pulmonary respiration. The dry and inactive state of the skin and the want of surface-evaporation tend to elevate still more the temperature of the blood; and the suppressed cutaneous secretion, being diverted to the kid-

neys, probably alters the quality of the urine, renders it irritating to the bladder, and explains the frequent micturition.

This explanation of the phenomena is confirmed by the results of treatment. There is now a very general concurrence of opinion that the application of cold to the skin is the most successful remedy. The object to be kept in view is not merely, as it is generally stated, to cool the skin, or to excite the respiratory movements by the stimulus of the douche, but to cool the blood, and thus to restore the contractility of the minute arteries of the lungs. The condition of the pulmonary vessels in this disease is the exact opposite to their state in cholera collapse. In cholera collapse, the minute pulmonary arteries are in a state of extreme contraction; and, as a consequence, the capillaries are extremely anæmic. In heat-apnoea, pulmonary arteries are extremely relaxed; and the capillaries, consequently, are excessively engorged. In cholera collapse, external warmth in some degree, but much more rapidly and decidedly a warm injection into the veins, relaxes the arterial spasm, and restores the circulation. In heat-apnoea, on the contrary, the object is to cool down the overheated blood, so to revive the contractile power of the minute pulmonary arteries, to relieve the capillaries from their embarrassing excess of blood, and thus to remove the state of apnoea. A clear apprehension of these physiological principles cannot fail to be of great assistance in practice.

In the treatment of heat-apnoea, the following appear to be the main points which require attention:—The patient should be placed in a recumbent position in the coolest possible place, with a free current of air. The clothes should be removed, and cold water applied to the whole surface; or, if the symptoms be urgent, the clothes should immediately be saturated with cold water, without waiting to remove them. If the respiratory movements be failing and feeble, the cold douche is a powerful excitor; but if the breathing be rapid and laborious, it is better to envelop the body in a wet sheet, and to quicken evaporation and cooling by a fan or pair of bellows. If the patient can swallow, let him drink iced water freely. Whether he can swallow or not, iced water may from time to time be injected. The marvellous effect of hot venous injections in cholera collapse, and the urgent need for cooling the blood in heat-apnoea, suggest the expediency, in extreme cases, of injecting into the vein the same saline solution as has so frequently been employed in cholera, only injecting it cold instead of hot.

A routine practice of venesection would be destructive; but

when symptoms of excessive venous engorgement are present, a cautious venesection would be quite justifiable, and probably beneficial, on the well-known principle of lessening distention of the right side of the heart, and thus increasing its contractile power. When respiration has suddenly and quite recently ceased, artificial respiration by Dr. Silvester's method may possibly restore animation. While symptoms of apnœa continue, however great may be the apparent exhaustion, no alcoholic stimulants are to be given, for the reason that alcohol, as well as anæsthetic vapors and narcotics, impede oxidation of the nervous and other tissues, and therefore increase the risk of death from apnœa. Ammonia may be applied to the nostrils as a stimulant, and, if the patient can swallow, it may be given internally. Ammonia is a powerful diaphoretic, and the restoration of the cutaneous secretion is an important step towards recovery. When the skin becomes cool and moist, of course all cold applications are to be discontinued. To sum up, then—as *hot air* and *hot blood* are the cause of this form of apnœa, so *cold air* and *cold water* are the chief means of cure; all other means are subsidiary to these.—*British Medical Journal*, August 1.—*Ranking's Abstract*.

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### ON EXCESSIVE SWEATING.

By ARTHUR WYNNE FOOT, M.D., F.K., & Q.C.P.

Among the more remarkable instances of general and excessive, that is, visible sweating, are the colliquative perspirations attending the venereal, cancerous, or phthisical cases, the drenching sweats of over-lactation, of the terminal stage of the normal ague paroxysm, the sweatings or crisis of rheumatic fever, and those occurring about the time the ovaries become effete. The exhausting effects of those obviously unnatural cutaneous discharges have, as is just and right, caused more anxious search to be made for any means of moderating or controlling them, than of explaining their etiology. It appears as if the causes of general profuse sweating might be referable to two causes (perhaps to but really one): to the circulation of a poisonous blood, and to depression of the vital powers; that is, to diminished energy of the sympathetic system. The condition of the temperature, pulse, and skin at the termination of an ague paroxysm points to a paralyzed and dilated condition of the arteries; the hepatic, splenic, or thyroïdal enlargements may



result from excessive flow of blood to these parts from the same cause. The earlier stage of poisoning by malaria appears very different from the latter one; the cold, wrinkled, shivering surface contrasting with the hot, flushed, sweating one; but in other poisons of vegetable origin, as in opium, the earlier effects are stimulant and very different from the later ones, and the phenomena observed in the first stage correspond to those which attend experimental stimulation of the sympathetic nerve. Cruveilhier remarks, that of the three stages of a paroxysm of intermittent fever, that of sweating is the most constant. Some attacks may be without the cold stage, others without the hot stage; but it is very rarely that the sweating stage is absent; he has recognized an irregular ague by the nightly occurrence of profuse sweating amenable to quinine. There is reason to believe that the perspirations of rheumatic fever, although they may seriously compromise the comfort of the patient, and he may be sensible of but little relief from pain by them, yet serve to remove from the body much of the *materies morbi* which is the exciting cause of the symptoms. In phthisis, profuse perspiration, although generally a symptom of very advanced disease, may be present at a period when both auscultation and percussion give only dubious information as to the condition of the lung, and in such case it will be found generally to be disseminated tubercle from which the individual is suffering. Cruveilhier records a remarkable case of this kind, which, as far as physical diagnosis was concerned, remained undetermined up to the person's death, but which was marked from the very first by excessive night-sweats, accompanied with rapid emaciation and profound debility. Regarding the colliquative sweating of phthisis as a consequence of vaso-motor paralysis resulting from constitutional exhaustion, it is not difficult to appreciate the value, although often but temporary, of nutritious diet, and such medicines as cod-liver oil. In support of the view that phthisical sweatings are the natural result of the depressed condition of the vascular system of the patient, are the observations that these perspirations usually come on when the person falls asleep, and more frequently during night sleep than day sleep; it has also been shown by Dr. Edward Smith, that in cases of phthisis, the subsidence of the rate of pulsation during the night is much greater than in health, and that the greater difference between the day and night rate in phthisis than in health is less due to the increased elevation of the pulse during the day than to the great subsidence of it through the night. The usual time for the occurrence of perspiration in

typhoid fever is in the night, the skin in the daytime being usually dry; and according to Traube's researches, the critical evacuations in typhus fever, and among them perspiration, are always preceded by a considerable fall in the pulse. In many other cases depression of the heart's action is a well-known cause of perspiration—for example, those attending the syncope state which the inexperienced smoker falls into, the sweating which attends sea-sickness, extreme purgation, the exhibition of tartarized antimony, and the effects of terror. The remedies which prove serviceable in the majority of cases of excessive general sweating are such as tend to remove depression of the heart's action, and act as tonics on the vaso-motor nerves. The difference in gravity of import between local and general sweatings appears to be very great, because, although a partial sweating may excite more alarm and closer attention from the greater rarity of its occurrence, yet it does not appear that it is in most cases indicative of by any means as serious nervous disturbance as are the general sweatings.

For the relief of sweatings of the hands, Dr. Druitt has suggested the thorough application of the hottest water that can be borne without pain to the offending parts until they are red hot, and tingling as if scalded. This treatment, the author states, sometimes appears to aggravate the affection. Hebra recommends the frequent local use of a solution containing one drachm of tannic acid mixed in six ounces of alcohol; this liquid should be rubbed into the part several times a day, and the skin must not be wiped afterwards: a little powdered asbestos is to be sprinkled on it while still wet, and with this the part is to be rubbed till it is dry. From statistics, he finds that this complaint affects the young as well as the old, both males and females, rich and poor, those who are of cleanly habits and those who are dirty, persons who are in good health and those who suffer from other maladies.—*Dublin Quarterly Journal of Medical Science, May.*—*Ranking's Abstract.*

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### PHOSPHORUS IN LOCOMOTOR ATAXIA.

By WALTER LAMBERT, M.B., Amherstburg, Ontario, Canada.

Miss F. B., aged 22, had been suffering slightly with anæmia and scanty menstruation for about one year. At different times, she took ferruginous preparations, with decidedly good effects; but, as soon as relieved, she would leave off taking the

medicine, and her trouble would return. She also had ague once or twice during the summer, it being very prevalent at that time in the neighborhood. For it she was specifically treated, and from it she soon recovered.

For the chlorosis I sometimes gave *mistura ferri comp.* (Griffith's), sometimes *tinct. ferri* and *quinia disulph.*; lastly, I was giving her *syr. ferri iodidi*, with cod-liver oil. In September last, from exposure to wet and cold, her menses ceased, and all the symptoms of progressive locomotor ataxia set in. Her parents, who live in the country, came for more medicine, and casually told me that their daughter walked with great difficulty, and that her menses did not come on at their usual period; consequently, I went to see her, and, in her attempting to shake hands with me, she grasped me by the wrist. This excited my fears immediately that she had Duchenne's disease. Upon further examination, my diagnosis was verified. The patient, in attempting to walk, staggered and swayed her body from side to side to keep her equilibrium. She would suddenly halt to recover herself, and then would plunge forward, seemingly in a great hurry to reach the point to which she desired to go. She was unable to feed herself, from the want of coördinate action of the muscles; and, in fact, unless she was watching her hands continually, she was liable to drop whatever she had in them. Her speech was also affected; she was not able to articulate some words perfectly.

What is passing strange in this case is, that I was giving her *syr. ferri iodidi* at the very time that the disease manifested itself; the very medicine that Dr. Julius Althaus used with so much benefit in his case, the only one recorded, until lately, that had been much benefited by medicine.

As soon as I recognized the disease, I gave *potass. bromid.* grs. xv., *ter in die*, and submitted the patient to the action of magneto-electricity once every twenty-four hours. I also gave two pills of aloes and iron, which produced too much relaxation, the effect continuing two or three days. This, in fact, seemed to prostrate her to such an extent that she was obliged to take to her bed, and there remain for a time. Fortunately, just then I received the September number of the *New York Medical Journal*, and in it saw that Dr. Dujardin Baumetz had given phosphorus in this disease, with excellent effects. I immediately ordered *acidi phosphorici dilut. m.* xv., *ter in die*, in simple syrup. The next day her menses came on, and in a short time she began to improve. In a few days I increased the dose to twenty, twenty-five, and then to thirty minims.

After ten or twelve days, I omitted the acid, and gave her the pyro-phosphate of iron for a week, and then returned to the acid. I continued the electricity every alternate day. In two weeks she was able to sit up, and had sufficient control over the muscles of her upper extremities to be able to knit. In one month she could walk about the house tolerably well. Now it is something over two months; she can take long walks, do housework as well as ever, and has become very fleshy. The electricity has been discontinued for about one month, and she is not at all regular with her medicine at the present time. However, I have the most sanguine hopes that she will perfectly recover. The improvement has been so great that it is impossible to discern anything wrong with her, except a very slight irregularity in her walk.\*—*New York Medical Journal*.

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### ON THE ACTION OF BLOODLETTING, HEAT, COLD, AND IRRITANTS, IN THE TREATMENT OF DISEASE.

By GEORGE JOHNSON, M.D., F.R.C.P., Physician to King's College Hospital; Professor of Medicine in King's College, etc.

The general principles which Dr. Johnson has, in this paper, endeavored to establish, are:—

1. That the object of bloodletting is to lessen hyperæmia of certain parts of the vascular system.
2. Venesection is adapted for lessening engorgements of the venous system, which is usually a result of an impeded circulation through the lungs and left heart. When there are manifest signs of engorgement of the veins and obstruction in the lungs, a feeble arterial pulse does not contraindicate venesection; and there is no inconsistency in combining the practice of venesection with the administration of stimulants.
3. Local bleeding, by leeches or by cupping, is useful in many cases of inflammation. The bleeding acts by diverting blood through the superficial arteries from the deeper arteries which supply the inflamed parts.
4. Warm baths, fomentations, poultices, and dry cupping, act in an analogous way to local bleeding, but without actually removing the blood from the system.

\* We are informed by Dr. Lambert, in a note received since this article was in type, that the patient has perfectly recovered under this treatment.—E. S. L.

5. Cold contracts the vessels to which it is immediately applied. The result of this may be a sympathetic contraction of distant and deeper vessels, or a driving in of blood to deeper parts. Cold to the surface, therefore, is an uncertain remedy in cases of internal inflammation.

6. The application of strong irritants, so as to inflame the skin, in the early stage of acute internal inflammations, is a distressing, and often a mischievous, practice.

As a general rule, in cases of inflammation, those local remedies are the most efficacious which are the most painless, and which quicken in the greatest degree the cutaneous circulation.  
—*British Medical Journal*, Nov. 7.—*Ranking's Abstracts*.

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### Book Notices.

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Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By ANTON VON TROELTSCH, M.D., Professor in the University of Wursburg, Bavaria. Translated and edited by D. B. ST. JOHN ROOSA, M.A., M.D., Clinical Professor of the Diseases of the Eye and Ear in the University of New York, New York; Surgeon to the Brooklyn Eye and Ear Hospital, etc., etc. Second American, from the fourth German Edition. Pp. 565. Price, \$4.50. New York: William Wood & Co. 1869.

This is a thoroughly revised and much enlarged edition of an excellent work. The translator has done his work well, and has added many valuable items to the text. There are no diseases concerning which the general mass of practitioners need some additional training, more than those of the ear. They will find in this volume much valuable assistance; and we commend it to their attention.

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A Treatise on the Diseases of Infancy and Childhood. By J. LEWIS SMITH, M.D., Curator to the Nursery and Child's Hospital, New York; Physician to the Infants' Hospital, Ward's Island; Professor in Bellevue Hospital Medical College, New York. Philadelphia: Henry C. Lea. 1869.

This is a volume of 620 pages, substantially bound in leather, and printed on fair type and paper. The author has had abundant opportunities for observation and clinical experience, and has embodied the results faithfully in the work before us. We have not had time to examine critically any part of it; but, from a hasty glance at some of the Chapters, we are satisfied that it will form a very valuable addition to the library of every practitioner.

For sale by W. B. Keen & Cooke, 113, 115 State Street, Chicago.

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Syphilis and Local Contagious Disorders. By BERKELY HILL, M.B., Lond., F.R.C.S., Assistant Surgeon to University College Hospital; Teacher of the Use of Surgical Apparatus in University College, and Surgeon to Out-Patients at the Lock Hospital. Philadelphia: Henry C. Lea. 1869.

This is a small-sized octavo volume of 487 pages, containing an excellent summary of the present knowledge in relation to the nature and treatment of true syphilis and its associate diseases of a more or less contagious character. For the busy practitioner and the student, it will be quite as useful as many of the more voluminous and expensive works.

For sale by W. B. Keen & Cooke, 113 State Street, Chicago.

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Pennsylvania Hospital Reports. Vol. II. 1869. Philadelphia: Lindsay & Blakiston.

This is an octavo volume of 320 pages, published in excellent style, and filled with matter of direct practical value. It contains twenty-three articles, prepared by Drs. Addinell Hewson, Thomas George Morton, J. M. Da Costa, James N. Hutchinson, Edward Hartshorne, John Ashhurst, William Hunt, J. Forsyth Meigs, John N. Packard, D. Keyes Agnes, George C. Harlon, James Tyson, Joseph G. Richardson, Elliot Richardson, and William Pepper. The materials were furnished mainly by the practice of the hospital, and embrace both medical and surgical topics of permanent interest and value. Price, \$5.00.

For sale by Keen & Cooke, 113 State Street, Chicago.



Compendium of Auscultation and Percussion, and of the Physical Diagnosis of Diseases affecting the Lungs and Heart. By AUSTIN FLINT, M.D. Fourth Edition. New York: William Wood & Co. 1869. Pp. 36. Price, \$0.50.

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A History of the Medical Department of the University of Pennsylvania, from its Foundation in 1765, with Sketches of the Lives of deceased Professors. By JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, Member of the American Philosophical Society, etc. Philadelphia: Lindsay & Blakiston. 1869.

This is a good-sized octavo volume of 227 pages, well bound in cloth. The title gives an exact idea of the contents of the volume; and the well-known ability of Dr. Carson is sufficient evidence that both the historical account of the University and the biographical sketches are written with fidelity and elegance. Price, \$3.00.

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Quarterly Summary of the Transactions of the College of Physicians of Philadelphia; from December, 1866, to December, 1868, inclusive. Philadelphia: Collins, Printer, 705 Jayne Street. 1869.

Twenty-four pages of this fasciculus of the Transactions of the College of Physicians of Philadelphia, are occupied with abstracts of papers read, and discussions had, before the Society on matters of practical interest; and the remaining twenty-four with interesting biographical sketches of the late Drs. T. E. Beesly, C. W. Pennock, and Francis West.

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The Part Taken by Nature and Time in the Cure of Diseases. A Dissertation, for which a Prize was awarded to JAMES F. HIBBARD, M.D., by the Massachusetts Medical Society, 1868.

This is a monograph, or, more properly, an essay, of 46 printed pages, in paper cover.

It is written in good style, and we congratulate the author on his success in competing for an honorable award. On the



subject discussed in the essay we shall have more to say hereafter.

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On the Microscope in the Diagnosis and Treatment of Sterility.

By J. MARION SIMS, M.D. Reprinted from the *New York Medical Journal*, for January, 1869.

This is a pamphlet of 25 pages, on a subject hitherto obscure and difficult of investigation.

In it, Dr. Sims gives a very interesting account of the manner in which the microscope may enable us to arrive at far more certain conclusions concerning the causes of sterility, than is possible to do without its use. He is entitled to the thanks of the profession for this valuable addition to our methods of investigating and treating human ailments.

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Operation of Vesico-Vaginal Fistula, without the Aid of Assistants; with a View of the relative Merits of the Clamp, interrupted Silver, and Button Sutures. By NATHAN BOZEMAN, M.D., of New York. Reprinted from the *New York Medical Journal*, for February, 1869.

This is a pamphlet of 26 pages, illustrated with cuts, and containing matter of much interest and value in relation to the treatment of vesico-vaginal fistule.

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Archives de Physiologie, Normale et Pathologique. Published by M. M. Brown-Séquard, Charcot, Vulpian. No. 2 for March and April, 1869. Illustrated with 4 plates and 17 figures, executed in excellent style. Printed by Victor Masson & Sons, 17 Place of the School of Medicine, Paris.

This number of the Archives fully sustains the reputation of this most valuable publication. We repeat a previous recommendation, that for all who can read the French language, this periodical is worth many times its cost.

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Venesection, as one of the Means for Arresting Unavoidable Hemorrhage. By C. C. F. GAY, M.D., Member of the Surgical Staff of the Buffalo General Hospital, Buffalo, N. Y.

This is a pamphlet of 8 pages, originally published in the *American Journal of Medical Sciences* for the year 1869. The author adduces some cases and excellent reasons to show that venesection may be resorted to in some cases of placenta prævia for the double purpose of arresting hemorrhage and hastening the dilatation of the neck and os uteri.

PRACTICAL PAINTER.—We have received No. 1 of Vol. 1, of a small sheet in newspaper form, with the above title, published monthly at 37 Park Row, New York City. Price fifty cents per annum. To painters we think it would be of interest and value.

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### Editorial.

STATE MEDICAL SOCIETY.—Let all our readers remember that the next Annual Meeting of the Illinois State Medical Society is to be held in Chicago on the *third* Tuesday in May. All Societies are entitled to one delegate for every five members.

AMERICAN MEDICAL ASSOCIATION.—Arrangements have been completed by which all Delegates to the meeting in New Orleans on the first Tuesday in May next, can be returned *free* over either of the railroad routes from New Orleans to Chicago and intermediate places. One route goes by way of Louisville and Nashville, and will afford an opportunity to visit the Mammoth Cave in Kentucky; and the other is by way of Cairo, Columbus, etc.

The fare over both routes from Chicago to New Orleans is the same, \$38.00, and must be paid in going, the Delegate being allowed to pass back over the same route free. These are very liberal arrangements on the part of the railroads, and should ensure a large delegation from the North-west.

ALUMNI ASSOCIATION OF CHICAGO MEDICAL COLLEGE.—This Association held its second anniversary meeting in the College

on the evening of the 22d of March. It was numerously attended, and the full proceedings will be published in our next number.

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DEATH OF DR. A. A. DUNN.—The undersigned committee, to whom was referred the duty of expressing the sentiments of this Society regarding the late A. A. Dunn, M.D., of this city, would respectfully report:—

That Dr. Dunn, by his natural intellectual endowments, his education, his professional skill and integrity, his ardent support of Medical Societies and ethics, had won the esteem and confidence of all the members of the profession who knew him; while the addition of a uniform Christian deportment, and a self-sacrificing patriotism, had added equally the respect and warm attachment of all classes of community.

That, by his death, the Profession and Society have lost one of their most respected and useful members, the nation one of its true *heroes* and defenders, and this Society one we all esteemed as a brother.

*Resolved*, That a copy of the foregoing expression of sentiment be communicated to the family of the deceased and to the medical journals and daily papers of this city.

N. S. DAVIS,  
T. D. FITCH,  
A. GROESBECK, } *Committee.*

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DEATH OF DR. JOHN CHARLTON.—At a meeting of the Physicians of Freeport, held March 16, 1869, the following preamble and resolutions were unanimously adopted:—

WHEREAS, It has pleased Almighty God to remove from among us Dr. JOHN CHARLTON, an old and honored member of our profession.

*Resolved*, That by the death of Dr. CHARLTON the profession has lost a member whose skill and experience entitled him to our regard and respect, whose uniform kindness and courtesy challenged our affection, and whose honesty and integrity as a Physician gave him a deservedly high rank in his profession.

*Resolved*, That in the death of Dr. CHURLTON, society has lost a useful citizen, and his family a kind and affectionate husband and father.

*Resolved*, That to the family of the deceased we tender our heartfelt sympathy.

F. W. HANCE,  
W. J. McKIM, } *Committee.*  
L. A. MEUSE,

### COMMENCEMENT EXERCISES IN CHICAGO MEDICAL COLLEGE.

The Tenth Annual Commencement in the Chicago Medical College was held in the College Hall on Monday and Tuesday, March 22d and 23d, 1869. The exercises on Monday commenced at 3 o'clock, and occupied the remainder of the afternoon. They consisted in the reading of Inaugural Thesis by HENRY H. SLOAN, GEORGE K. DYAS, and WILLIAM E. QUINE; and a public examination of the candidates for graduation in class.

The exercises on Tuesday commenced at 3 o'clock P.M.; and we clip the following brief account from the daily *Chicago Times*:—

The commencement exercises of the tenth graduating class of the Chicago Medical College took place in the public hall of the College, No. 1015 State Street, at 3 o'clock on yesterday afternoon. The hall was densely filled with the friends of the institution.

The President, Dr. N. S. Davis, occupied the Chair.

Prayer was offered by the Rev. Charles E. Cheney.

All the undergraduates who were present, in accordance with the custom of the College, came forward and received their certificates for industry and scholarship. Dr. N. S. Davis addressed them a few words, remarking that they should remember that they had but just entered upon the wide domain of medical knowledge, and could only obtain the reward of final success by untiring industry and perseverance.

The Professor of Surgery, Dr. E. Andrews, next made a distribution of hospital certificates to all those entitled to receive them.

The President then awarded the prizes adjudged by a com-

mittee to the writer of the best and second best thesis on medical subjects. Thomas G. Williams, of Wisconsin, was decided to have written the best thesis; and he received the first premium—"Atkins on the Practice of Medicine." His subject was "The Physiological Action of the Bromides."

The second prize was awarded to Charles N. Cooper, of Illinois, for the second best thesis. His subject was the origin and Uses of Fibrin." He received a work on diseases of children.

The President then conferred the degrees upon the graduating class. Their names are as follows:—

*Ordinary Degrees*—Samuel Alexander, Daniel J. Allaben, Charles Ashworth, William A. Barstow, Geo. W. Barton, Carl Oscar Bendeke, Wallace Blanchard, Dwight E. Burlingame, William H. Carithers, William C. Chafee, Charles N. Cooper, William Deal, Simeon H. Drake, George K. Dyas, J. W. Folke, George H. Fuller, James S. Gibson, George W. Goodner, Chas. S. Hamilton, Green B. Hoblit, Theodore H. Johnson, Edward R. Kittoe, Joseph Kitchen, David T. Martyn, A. B. McCandless, D. Irwin McMillan, Joseph Milliron, Pacificus B. Porter, William E. Quine, Nelson Rinedollar, Isaac P. Sinclair, Henry H. Sloan, Joseph Sterrett, Daniel C. Stillians, Thomas G. Williams.

*Ad Eundem Degrees*—J. H. Curtis, Ernest Stachr.

*Honorary Degrees*—Jacob Holke, J. H. Newland, Meniard Risch, Shubael M. Reynolds.

The President addressed a few remarks to the class, urging them in all their future lives to remember they were acting in a field that concerns health and happiness; and that there were no persons who had opportunities for rendering so much happiness to their fellow men, as the faithful physician. They should remember that there were three things that were absolutely necessary to success: these were industry, integrity, and perseverance.

A very appropriate response on behalf of the class, was delivered by William H. Carithers.

Dr. J. S. Jewell next delivered the valedictory address. The world was divided into two great classes, the laborers of the mine, and the laborers of the mint. In all inductive sciences, there must be two epochs; first, the empirical, and secondly, the constructive and logical period. It is pre-eminently so in medical science. Many succeed in gathering facts, in observing phenomena; but they fail in constructive and logical power. Of the two provinces, the most lamentable failures are in the

latter domain. In the study of botany, geology, astronomy, and their kindred sciences, we must suspend for some time our deductions from the phenomena observed; but not so in the science of physiology. It requires, therefore, a power of quick, logical deduction to be a good physician; and this can only be attained by long and laborious reflection upon the facts already discovered. The process of logic to be relied upon is not that of the syllogism; but rather that of Bacon and Whewell, the logic of the inductive sciences. A knowledge of languages will not provide this; nor will a ready memory. The Professor proceeded to show what might be considered a true method of logic. The address was listened to with deep interest.

After the benediction, the assembly dispersed.

The programme was completed with a very pleasant social entertainment in the evening, at the residence of Prof. N. S. DAVIS.

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**EAST INDIA OPIUM.**—At Patna is one of the two great opium factories of India. It is the greater of the two, and may, therefore, be safely styled the largest poisoning agency in the world. The establishment faces the river Ganges, whose bed is here four miles across—at this season a desert of caked mud, with the river far away on the other side of the waste. The opium is shipped to Calcutta in a steamer, and it is a good instance of the fickleness of Indian rivers—those plagues of engineers—that last year, and for many years before, the sacred stream ran so close to Patna, that wharves were erected from which the chests could be put right on the steamers, and where the timber, wherewith to make the next year's chests, could be landed. This year the chests have to be carried a mile or so before being shipped.

This opium-packing for 1867 was just over at Christmas, and nearly 30,000 chests of China opium had been sent down to Calcutta, worth about £4,000,000. Each chest contains 40 cakes—the dark, sticky stuff, ingeniously inclosed in a coating of dried poppy-leaves, so that each cake (weighing about two pounds) presents the appearance of a Dutch cheese or a cannon-ball.

It has given rise to the saying, that in war the British gave the Chinese cannon-balls of iron, and in peace cannon-balls of opium, thus giving them the choice of being shot or poisoned, and making them pay sharply for either attention. In return for this, they feed us with tea and clothe us in silk, which seems to show a truly celestial spirit.—*Sci. Amer.*—*Med. and Surg. Reporter.*

## MORTALITY FOR THE MONTH OF FEBRUARY, 1869:—

CAUSES OF DEATH.			
Accidents, burns	1	Exposure	3
" " drowned	1	Erysipelas	4
" " poisoned	1	Fever, congestive	1
" " R. R.	2	" " puerperal	6
Albuminuria and dropsy	1	" " scarlet	37
Anæmia	1	" " and diphtheria	4
Apthæ	2	" " erysipelas	1
Apoplexy	6	" " nephritis	1
" " and intemperance	1	" " malignant	1
Asthma	1	" " typhoid	6
Births, premature	14	" " heart disease	1
" " still	44	Gastritis	1
Bowels, cancer of	1	" " and dropsy	1
Brain, congestion of	4	Glands, parotid, inflammation of	1
" " disease of	1	Heart, disease of	3
" " inflammation of	2	" " and kidneys, fatty degeneration of	1
" " softening of	1	" " valvular disease	1
Bronchitis	5	Hepatitis and apoplexy	1
" " capillary	1	Hernia, scrotal, strangulated	1
Cellular tissues, induration of	1	Hydrothorax	2
Cholera infantum	1	Hydrocephalus	2
Cordis, hypertrophy	1	" " acute	1
Convulsions	32	Inanition	3
" " sore mouth	1	Injuries by fall	1
Croup	4	Indigestion	1
" " membranous	1	Icterus infantum	1
Cyanosis	1	Intemperance and exposure	1
Debility	1	Kidneys, Bright's disease of	3
Diarrhœa	3	" " inflammation	1
" " chronic	3	Liver, cancer of	1
Diphtheria	8	" " disease of	1
" " brain, congestion of	1	" " inflammation of	1
" " bronchitis	1	Lungs, congestion of	3
Dropsy	3	Measles	1
Dyspepsia	1	Meningitis	4
Dysentery	2		
" " and brain, congestion of	1		
Encephalitis	1		
Enteritis	3		
		Meningitis, and brain, dropsy of	2
		" " cerebro-spinal	34
		Metritis	2
		Old age	7
		Paralysis	2
		" " lungs, hemorrhage of	1
		Peritonitis	1
		Phthisis pulmonalis	33
		" " old age	1
		Pneumonia	31
		" " and dropsy	1
		" " whooping-cough	1
		Pneumonia broncho	3
		" " pluro	1
		" " typhoid	5
		Scrofula	2
		Small-pox	1
		Sub-maxillary glands, abscess of	1
		Spine, irritation of	1
		Stomach, cancer of	1
		Suicide by laudanum	1
		" " shooting	1
		Talus mesenterica	5
		" " universalis	1
		Teething	1
		" " convulsions	1
		Unknown	4
		Uterus, cancer of	3
		Varioloid	1
		Vertebare, caries of	1
		Varicella and convulsions	1
		Whooping-cough	8
		" " convulsions	1
		" " pneumonia	1
		Wounds of throat, self-inflicted	1
		Total	333
AGES.			
Under 1	85	20 to 30	30
1 to 3	63	30 to 40	34
3 to 5	30	40 to 50	20
5 to 10	18	50 to 60	10
10 to 20	6	60 to 70	21
		70 to 80	12
		80 to 90	3
		Unknown	1
		Total	333
COMPARISON.			
Deaths in Feb., 1869	333	Deaths in Feb., 1868	425
Deaths in Jan., 1869	332	Decrease	92
		Decrease	49



Males, -----	164	Females, -----	169	Total, -----	333
Single, -----	231	Married, -----	102	Total, -----	333
White, -----	327	Colored, -----	6	Total, -----	333

## NATIVITIES.

Bohemia, -----	2	England, -----	10	Sweden, -----	5
Canada, -----	5	France, -----	1	Scotland, -----	4
Native Chicago, -----	56	Germany, -----	46	Unknown, -----	2
Foreign " -----	103	Ireland, -----	34		
U. S., other parts, ---	59	Norway, -----	6	Total, -----	333

## MORTALITY BY WARDS FOR THE MONTH.

Ward.	Mortality.	Pop. in 1868.	One death in	Ward.	Mortality.	Pop. in 1868.	One death in
1---	4	9,094	2,273½	14---	20	14,839	742
2---	17	13,074	769	15---	22	21,078	958 1-10
3---	19	15,076	793½	16---	21	15,465	736 3-7
4---	19	17,796	936½	County hosp.	7		
5---	17	16,033	943½	Accidents,	5		
6---	17	13,083	769 1-10	Mercy Hosp.	1		
7---	33	25,492	772½	Suicides,	2		
8---	20	15,813	790 4-7	Immigrants	3		
9---	28	19,297	689½	Soldier's Ho.	1		
10---	9	12,925	1,435 7-9	Prot. Orph.			
11---	14	14,340	1,024 1-5	Asylum	1		
12---	29	17,485	603	Home for the			
13---	22	11,164	507½	Friendless,	2		

Total, ----- ~~874~~  
333

The decrease in the mortality of this month, compared with the corresponding month of 1868, is quite remarkable, indicating a good condition of health. This is most marked in the diminution of deaths by acute inflammatory diseases, particularly those of the lungs, infantile diseases, old age, and small-pox. In only two diseases has there been an increase, viz., scarlet fever and erysipelas. This diminution in the mortality is owing to the remarkably mild and equable temperature of the month, and our comparative exemption from contagious diseases.

MONEY RECEIPTS TO MARCH 17TH.—Drs. A. D. Fitch, \$6; F. Merriman, 9; Jacob Shnech, 3; D. Newcomb, 10; T. A. Lilly, 3; C. T. Hunter, 3; J. F. Young, 3; E. R. Atwood, 3; B. Lee, 3; F. R. Payne, 3; H. C. Lester, 3; D. Scott, 3; W. H. Buchtel, 3; Hiram Nance, 3; Brown & Kimber, 6; M. T. Didlake, 3; Thos. Bevan, 3; N. Lenn, 4 50; A. B. McCandless, 3; O. T. Maxon, 3; D. H. Patton, 6; L. M. Triplett, 3; A. G. Greenman, 3; Chas. Hill, 5; L. D. Smedley, 3; I. V. Golton, 3; S. P. Breed, 3; G. C. Paoli, 4; Wm. H. Cook, 3; L. D. Tompkins, 3; P. A. Shotwell, 3; D. B. Trimble, 3; Thos. Winston, 5; M. T. Didlake, 3; C. S. Ford, 5; Geo. F. Hunt, 3; H. S. Hall, 6 50; H. W. Boyd, 6; J. D. Mitchell, 5; Herbert Harris, 6; D. C. Stillions, 3; — Risch, 3; Thos. W. Howes, 3; John Bell, 3; Wm. Martin, 1; J. Priestman, 3; — Newland, 3; J. F. Williams, 9; Wm. Horne, 6; Saml. Alexander, 1 50; J. F. Kelsey, 3.

## AMERICAN MEDICAL ASSOCIATION.

## OFFICE OF PERMANENT SECRETARY:

WM. B. ATKINSON, M.D., S. W. cor. Broad and Pine Streets, Philadelphia.

The Twentieth Annual Session will be held in NEW ORLEANS, La., May 4th, 1869, at 11 A.M.

The following Committees are expected to report:—

On Diseases of the Cornea.—Dr. Jos. S. Hildreth, Illinois, Chairman.

On Cultivation of the Cinchona Tree.—Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On Excision of Joints for Injuries.—Dr. J. B. Reid, Georgia, Chairman.

On Alcohol and its Relations to Medicine.—Dr. John Bell, Pennsylvania, Chairman.

On the Cryptogamic Origin of Disease, with special reference to recent microscopic investigations on that subject.—Dr. Edward Curtis, U. S. A., Chairman.

On Operations for Hare-lip.—Dr. A. Hammer, Missouri, Chairman.

On Clinical Thermometry in Diphtheria.—Dr. Jos. G. Richardson, New York, Chairman.

On Prophylactics in Zymotic Diseases.—Dr. Nelson L North, New York, Chairman.

On Inebriate Asylums.—Dr. C. H. Nichols, D. C., Chairman,

On the Influence of the Pneumogastric Nerve on Spasmodic and Rhythmical Movements of the Lungs.—Dr. Thomas Antisell, D. C., Chairman.

To Examine into the Present Plan of Organization and Management of the United States Marine Hospitals.—Dr. D. W. Bliss, D. C., Chairman.

On the Utilization of Sewerage.—Dr. Stephen Smith, New York, Chairman.

On the Influence of Quarantine in Preventing the Introduction of Disease into the Ports of the United States.—Dr. Elisha Harris, N. Y., Chairman.

On Nurse Training Institutions.—Dr. Samuel D. Gross, Pennsylvania, Chairman.

On Commissioners to aid in Trials involving Scientific Testimony.—Dr. John Ordronaux, N. Y., Chairman.

On Annual Medical Register.—Dr. John H. Packard, Pennsylvania, Chairman.

On Devising a Plan for the Relief of Widows and Orphans of Medical Men.—Dr. John H. Griscom, N. Y., Chairman.

On Veterinary Colleges.—Dr. Thomas Anticell, D. C., Chairman.

On Specialities in Medicine, and the Propriety of Specialists Advertising.—Dr. E. Lloyd Howard, Maryland, Chairman.

On Library of American Medical Works.—Dr. J. M. Toner, D. C., Chairman.

On Vaccination.—Dr. Henry A. Martin, Massachusetts, Chairman.

On the Decomposition of Urea in Uræmic Poisoning.—Dr. H. R. Noel, Maryland, Chairman.

On the best method of Treatment for the different forms of Cleft Palate.—Dr. J. R. Whitehead, N. Y., Chairman.

On Rank of Medical Men in the Navy.—Dr. N. S. Davis, Illinois, Chairman.

On Medical Ethics.—Dr. D. Francis Condie, Pennsylvania, Chairman.

On American Medical Necrology.—Dr. C. C. Cox, Maryland, Chairman.

On Medical Education.—Dr. J. C. Reeve, Ohio, Chairman.

On Medical Literature.—Dr. E. Warren, Maryland, Chairman.

On Prize Essays.—Dr. S. M. Bemiss, Louisiana, Chairman.

On the Climatology of—Maine, Dr. J. C. Weston; New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. H. I. Bowditch; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. E. K. Hunt; New York, Dr. W. F. Thoms; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. George Engelman; Alabama, Dr. R. F. Michal; Texas, Dr. T. J. Heard; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. An-

tisell; Iowa, Dr. J. C. Hughes; Michigan, Dr. Abm. Sager; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Samuel Willey; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. —Compton; Louisiana, Dr. L. T. Pimm.

Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON.

### AMERICAN MEDICAL ASSOCIATION.

MEETING AT NEW ORLEANS, TUESDAY, MAY 4TH, 1869.

I am authorized by the Atlantic and Mississippi Steamship Co., of St. Louis, to say, that they will carry Doctors and their Ladies to attend the Meeting of the Association, at the following rates, viz.:

From St. Louis to New Orleans, each Passenger	-----	\$20 00
"    Cairo    "    "    "    "	-----	18 00
"    Memphis    "    "    "	-----	15 00
Returning,		
From New Orleans to Memphis, each Passenger	-----	\$15 00
"    "    "    Cairo,    "    "	-----	18 00
"    "    "    St. Louis,    "    "	-----	20 00

The Company start a first class Steamer from St. Louis every 48 hours, Sundays included, and the usual time from St. Louis to New Orleans, is about six days, and from Cairo to New Orleans, about four and a-half days. Passengers can go on any of their boats at the above rates, which includes meals and state-rooms.

The Steamer which will, however, take down the great body of the Doctors, wishing to travel by the river, will leave St. Louis at 5 o'clock P.M., on Wednesday, the 28th of April; Cairo on Thursday evening, after the arrival of the afternoon train on the Illinois Cen. R. R.; and Memphis on Friday evening, reaching New Orleans from Monday noon to Tuesday morning.

Parties arriving by railroad, to take this boat, at either St. Louis, Cairo, or Memphis, had better make their calculations to reach the point of embarkation, at least one train in advance of the time of the boat's departure. But, if any one should arrive at Cairo or Memphis too late for this boat, he will find one or more boats passing for New Orleans every day, at ordinary fare.

It was deemed best to make the arrangement for a definite fare each way, so that one can go either down or up, or both, as he may choose, by the river, and know in advance just what he will have to pay.

To avail himself of this boat, one may apply on board, making it known that he is on his way to attend the Association, or, perhaps better, write me a line as early as convenient, stating how many ladies, if any, will accompany him.

Good Steamers, also leave Louisville for New Orleans every two or three days, occupying from six to seven days in the passage down. If a considerable number of Doctors should wish to take passage from Louisville, and would make application in a body to E. T. Sturgeon, Supt. Louisville & New Orleans Packet Co., at Louisville, or the Captain of a Steamer, starting at the proper time, he would probably give them a liberal reduction from the ordinary fare, which varies from thirty to forty dollars, according to the style and accommodation of the boat.

From Cincinnati no suitable boat can be taken through to New Orleans, but the Cincinnati & Louisville U. S. Mail Line, will take one going to the Association from Cincinnati to Louisville on one of their fine boats, and from thence to New Orleans by rail, for forty dollars, and return him on the same route to Cin. free. Two Mail Boats leave Cincinnati every day at 12 M., and 6 o'clock P.M., except Sundays, one at 12 M. I am not advised as to what arrangements have been made with other railroads.

JAMES F. HIBBERD, M.D., *Richmond, Ind.*

**SECOND ATTACKS OF SMALL-POX.**—It is no new thing for variola to attack persons a second time. Jenner refers to seventeen such cases among the nobility of England, more than half a century ago. Upwards of two hundred such cases were reported in London in 1851. In Wirtemberg 143 cases were recorded, of which 28 died. The proportion after inoculation is still greater. One instance is on record of five children having been inoculated with small-pox, successfully, four of whom subsequently contracted the disease, which was fatal to one of the number. An English surgeon is mentioned as having always an attack of small-pox after attending a patient with the disease.—*Pacific Medical and Surgical Journal.*

**SIR CHARLES BELL'S DISCOVERIES.**—To those interested in the discoveries of Sir Charles Bell, we commend the perusal of his pamphlet—"Idea of a New Anatomy of the Brain"—only three of the original copies of which are known to be extant. Its reprint with letters, now for the first time published, written by the author of the Essay to his brother, George Joseph Bell, between the years 1807 and 1821, in the number of the *Journal of Anatomy and Physiology* for Nov., 1868, is very opportune, as his exact claims have been often misunderstood, and at the present moment are attracting much attention both in this country and abroad.—*Med. News and Library.*

**PUERPERAL CONVULSIONS.**—Dr. Fordyce Barker, in a clinical lecture recently delivered at Bellevue Hospital, summed up our knowledge on this subject as follows:—

First, That we have puerperal convulsions arising from uræmia, caused by Bright's disease of the kidneys.

Second, That we have convulsions associated with congestion of the kidneys and albuminuria, but it is not yet proven that the convulsions and the renal congestion bear the relation of cause and effect.

Third, That we have convulsions that arise from reflex irritation and congestion of the true spinal system, without evidence of any renal affection.

In relation to one point in the treatment, *viz.*, the delivery of the child, the principle which should govern us is this:—Whenever delivery by art can be effected with less irritation than would be produced by the continuance of the child in the par-turient canal, it should be resorted to.—*Medical Record*, Nov. 16, 1868.

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NEW MODE OF PREPARING OBJECTS FOR THE MICROSCOPE.—M. Rauvier proposes (*Archives de Physiologie*) a new and simple method, which consists in the employment of picric or carbazotic acid. This acid is only moderately soluble in water, and a saturated solution may therefore be employed. It possesses the further advantage of being very cheap. It is admirably adapted for all tissues containing much blood, and therefore for specimens of liver, lung, etc. It appears to act by effecting coagulation of the albuminous substances, though, unlike alcohol and chromic acid, it does not occasion any fusion of the constituents of the tissue. The red globules retain their form and characters extremely well. The portion of tissues required to be examined should be plunged into the solution, and after the lapse of twenty-four hours it will be found to have acquired sufficient firmness to permit of very fine sections being made with a razor. The saving of time by this method as compared with the chromic acid is immense. The preparations will take color from carminate of ammonia, and may be preserved in glycerine.—*Lancet*, Nov. 21, 1868.—*Med. News and Library*.

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The *London Lancet* says:—"We know not whether our Scotch friends are more given to indulgence in spirituous liquors than are the English, but they have adopted a sensible and humane method of treating that form of disease—for it amounts to a disease,—an incontrollable love of alcoholic drinks. We have, on former occasions, earnestly called attention to this class of cases, in the interests of the drunkard and his family; but the liberty of the subject has proved a bugbear in the way of all legislation. People are beginning to adopt more healthy

notions, however, and the drunkard is not allowed to exercise his liberty at the expense of other people's health and happiness, quite so much as heretofore. We learn that the Lunacy Board of Scotland has adopted some action in the matter. In a report of a former year, an opinion was expressed that persons unable to resist the tendency to excessive drinking should be allowed to place themselves under control and treatment without authority from the sheriff. By the Lunacy Amendment Act, 1866, asylums are authorized to receive for care and treatment any person who expresses in writing to the Commissioners in Lunacy his wish to become a voluntary patient, and obtains their consent; and that this provision was taken advantage of in 1867 in Scotland by 17 persons: fourteen were admitted into public and three into private asylums. We would go a little further, and make it permissible to place such persons under medical restraint, where it could be shown by clear and unmistakable evidence that a drunkard exercised no control over his habits, but was ruining himself in health, and plunging his wife and family into destitution and misery."—*Medical and Surgical Reporter*.

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BROMIDE OF POTASSIUM FOR THE SLEEPLESSNESS OF INFANTS.  
—M. Moutard-Martin has communicated to the French Academy of Medicine a memoir on "Some Applications of the Bromide of Potassium to the Medicine of Young Infants." Every one, he observes, admits the possession of sedative properties by the bromide, and in this direction it has become one of the most useful substances in the *Materia Medica*. Bearing in mind its hyposthenic action in erethism of the nervous system, and its innocuity, even in large doses, he believed that it might be employed with advantage in some of the pathological conditions of very young children. Among these, sleeplessness, alike mischievous to the infant and wearying to the nurse, is one of very common occurrence. The child does not seem otherwise ill, but has a very great insufficiency of sleep both by day and night, or only at night. Where a great variety of means has failed to remove this sleeplessness, the bromide succeeds in a remarkable manner, and M. Moutard-Martin adduces in his paper several cases in proof. His conclusions are:—1. The bromide of potassium given in small doses (from five to twenty centigrammes) is very well tolerated by young infants. 2. By its sedative action it cures *insomnia* in these cases. 3. Administered to infants suffering from the accidents of dentition, such as restlessness, *insomnia*, cough, etc., it frequently relieves



these; and it is probable that its employment, regulated with prudence, would sometimes prevent the occurrence of convulsions. 4. It should not be administered to infants when suffering from diarrhoea. 5. In certain exceptional cases in which the nervous erethism is predominant, its action is prompt and decisive.—*Medical Times and Gazette, Dec. 12, 1863.*—*Medical News and Library.*

THE NEW ILLUSTRATED EDITION OF WEBSTER'S DICTIONARY.—This seemingly dry and certainly ponderous book has its peculiar charms. Here is collected and tersely set down a vast quantity of various and useful knowledge, such as is indispensable to educated men and women. Here are an hundred and fourteen thousand words, defined with a clearness, fullness, precision, and wealth of illustration, that denote the soundest scholarship, and the most entire fidelity to laborious details. Altogether the work is a marvelous specimen of learning, taste, and thorough labor. We praise it heartily, because we believe it deserves the heartiest praise.—*New York Albion.*

## SWEET QUININE.

DR. BULLOCK'S preparation entitled SWEET QUININE is made from the best Peruvian Bark, and has as positive and reliable tonic and anti-periodic power as the common bitter Quinine. Unlike the latter, however, it has no bitterness, but a sweet taste instead. This IMPORTANT ADVANTAGE constitutes its superiority for use by all—adults or children—who object to the nauseous bitterness of common Quinine.

*Sweet Quinine* is not offered as a substitute for common, bitter Quinine, but to replace its use, representing it thoroughly; may be trusted in the most important obstinate cases.

*Sweet Quinine* is to be used in all Intermittent or other Diseases requiring Quinine or Peruvian Bark. In ounce bottles.

## SVAPNIA, Or Bigelow's Purified Opium.

SVAPNIA is a new and desirable form of Opium, purified from all inert matter, such as vegetable fibre, etc., and with the Pappaverine, Thebaine, and Narcotine of the drug removed entirely.

It represents the Anodyne and Soporific properties of Opium completely, whereas Morphia is but one of them. The alkaloids Morphia, Narceia, and Codeia, in this purified Opium, are in the combinations existing naturally in the drug.

It is made by assay; hence its uniformity is as great as that of Morphia, a very great advantage over crude Opium.

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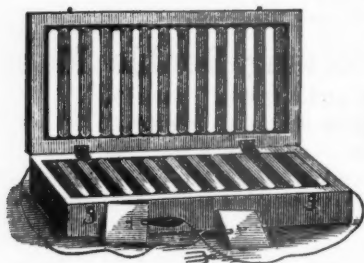
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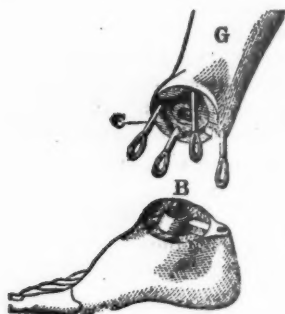
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Take the measure of limb at the points indicated by letters on the illustration, also the length from S. to C., or if it is desired to cover the knee or thigh take the length from S. to B. and from B. to the point to which the Stocking is to extend.

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Take measure at T. N. S. and P.

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Take measure at A. B. and C.

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